

SERFF Tracking Number: ANTX-127618823 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49744
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
 Benefit Benefit
 Product Name: EXCHBENEFITS
 Project Name/Number: EXCHBENEFITS/EXCHBENEFITS

Filing at a Glance

Company: Standard Life and Accident Insurance Company

Product Name: EXCHBENEFITS SERFF Tr Num: ANTX-127618823 State: Arkansas
 TOI: H08G Group Health - Intensive Care - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 49744
 Sub-TOI: H08G.000 Health - Intensive Care - Limited Benefit Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Author: Sherry Wiegman Disposition Date: 09/27/2011
 Date Submitted: 09/08/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: EXCHBENEFITS Status of Filing in Domicile: Authorized
 Project Number: EXCHBENEFITS Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Association Overall Rate Impact:
 Filing Status Changed: 09/27/2011 Deemer Date:
 State Status Changed: 09/27/2011 Submitted By: Sherry Wiegman
 Created By: Sherry Wiegman
 Corresponding Filing Tracking Number:
 Filing Description:

Attached for your review and consideration are forms and rate information for a new group fixed indemnity / excepted benefits product that will be issued to Arkansas residents by an Association sitused in Delaware. This is a new form filing that has not been previously reviewed and does not replace any previously approved forms.

The master group policy was issued to the National Congress of Employer's, Inc. for benefit of the Association's members. The Association is sitused in Delaware. A copy of the Association's Constitution and Bylaws are attached for informational purposes. Certificates of coverage will be issued to Association member's based on options chosen in the

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enrollment application.

The product is not a major medical nor comprehensive medical product and is considered an excepted benefit plan under federal and state definitions (CFR §1446.145(c)(2)). The policy base benefits provide fixed indemnity payments based on specified medical services. There are 3 optional riders: 1) a Critical Illness Rider that pays lump sum cash payments in the event of a specified diagnosis or procedure; 2) an Accidental Death & Dismemberment Rider that pays lump sum cash payments in the event of death or specified dismemberments; and 3) an Accident Medical Expense Rider that pays cash payments based on expenses incurred as specified in the Rider.

We have attached the state worded Duplication Notice that will be provided to all applicants over age 65 at the time of solicitation in addition to the publication "A Guide To Health Insurance For People With Medicare". Also attached is the state worded Replacement Notice that will be provided when we have indication that a person is replacing coverage.

Marketing of all forms will be performed by licensed agents to members of the National Congress of Employers, Inc., ages 18 through 74. This policy is optionally renewable by the company. There is no medical underwriting for this product.

We trust this information is complete and look forward to receiving your favorable reply. Please contact me should you feel additional information is needed or if I can be of assistance.

Company and Contact

Filing Contact Information

Sherry Wiegman, Sr. Compliance Analyst sherry.wiegman@anico.com
 One Moody Plaza, SSH MP, Ste. 200 281-538-4842 [Phone]
 Galveston, TX 77550 409-766-2950 [FAX]

Filing Company Information

Standard Life and Accident Insurance Company	CoCode: 86355	State of Domicile: Texas
One Moody Plaza, SSH MP, Ste. 200	Group Code: 408	Company Type: Health Insurance
Galveston, TX 77550	Group Name:	State ID Number:
(281) 538-4842 ext. [Phone]	FEIN Number: 73-0994234	

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00

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Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Life and Accident Insurance Company	\$250.00	09/08/2011	51393358

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/27/2011	09/27/2011

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Disposition

Disposition Date: 09/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Standard Life and Accident Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Associations Constitution and Bylaws	Approved-Closed	Yes
Supporting Document	Duplication Notice and Replacement Notice and Consumer Notice and Guarantee Association Notice	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum and Certification	Approved-Closed	No
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Certificate of Coverage	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Optional Rider	Approved-Closed	Yes
Form	Optional Rider	Approved-Closed	Yes
Form	Optional Rider	Approved-Closed	Yes
Rate	RATES	Approved-Closed	Yes

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Form Schedule

Lead Form Number: SL-EXCHBC-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/27/2011	SL-EXCHBC-AR	Certificate	Certificate of Coverage	Initial		50.100	AR NCE CERTIFICATE OF COVERAGE - SL-EXCHBC-AR Nonmkd.pdf
Approved-Closed 09/27/2011	SL-EXCHBA	Application/ Enrollment Form	Enrollment Form	Initial		50.100	NCE ENROLLMENT APPLICATION.pdf
Approved-Closed 09/27/2011	SL-EXCAMER	Certificate	Optional Rider Amendment, Insert Page, Endorsement or Rider	Initial		50.100	NCE ACCIDENT MEDICAL EXPENSE RIDER - GENERIC.pdf
Approved-Closed 09/27/2011	SL-EXCHADR	Certificate	Optional Rider Amendment, Insert Page, Endorsement or Rider	Initial		50.100	NCE AD AND D RIDER - GENERIC.pdf
Approved-Closed 09/27/2011	SL-EXHCIR	Certificate	Optional Rider Amendment, Insert Page, Endorsement or Rider	Initial		50.100	NCE CRITICAL ILLNESS RIDER - GENERIC.pdf

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston, Texas, 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Insurance Company hereafter referred to as “Standard Life”, “We”, “Us”, “Our” or “the Company”)

**GROUP LIMITED BENEFIT
ACCIDENT AND SICKNESS INSURANCE CERTIFICATE OF COVERAGE**

This is the Insured’s Certificate of Coverage (hereafter Certificate) while insured under the Group Policy (hereafter Policy). It explains the rights and benefits that are determined by the Policy. A copy of the Policy is kept at the principal office of the Policyholder. A Covered Person may inspect it during regular business hours.
READ THE CERTIFICATE CAREFULLY!

CONSIDERATION. The coverage is issued in consideration of the statements made in the Enrollment Application and payment of the Initial Premium. Coverage is not provided until the first full premium is paid. The first premium pays for the Initial Term of coverage. The Initial Term of coverage begins at 12:01 a.m. on the Effective Date shown on the Certificate Schedule.

TERMINATION. The coverage may be terminated by the Company for reasons stated in the Termination provision.

PREMIUMS. The Company may change premiums for coverage. Premiums may be changed and are due as stated in the **Premiums** provision.

30 DAY RIGHT TO EXAMINE CERTIFICATE. Within 30 days after the Insured receives the Certificate, it may be returned in person or by regular mail to the Company, its agency office or the agent who sold it to the Insured for any reason. The Company will return the premium to the payee. Then the Insured and the Company will be in the same position as if a Certificate had never been issued.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If any Covered Person is eligible for Medicare, such person should review the “Guide to Health Insurance for People with Medicare” available from the Company.

Signed for Us on the Certificate Effective Date.



Secretary



President

NOTICE TO BUYER:

THIS IS A LIMITED BENEFIT CERTIFICATE. IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTHCARE POLICY. IT IS NOT DESIGNED TO COVER ALL OF YOUR MEDICAL EXPENSES. PLEASE READ CAREFULLY!

NO BENEFITS ARE PAYABLE FOR SICKNESS DURING THE FIRST 30 DAYS FOLLOWING A COVERED PERSON’S EFFECTIVE DATE.

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CERTIFICATE SCHEDULE OF BENEFITS

POLICYHOLDER: [NCE Association]

INSURED: [John Doe]

CERTIFICATE NUMBER: [SLA012345]

TYPE: [FAMILY]

COVERED PERSON(S):

[John Doe]

[Baby Doe]

CERTIFICATE EFFECTIVE DATE:

[March 1, 2011]

STATE OF ISSUE: [DELAWARE]

INSURED'S AGE AT ISSUE: [32]

[HOSPITAL BENEFIT:

[Hospital Admission Benefit:[\$0 – \$10,000]]

Hospital Confinement Benefit:

Elimination Period

Sickness.....[0][3][7] Days]

Daily Hospital Confinement Benefit.....[\$50 - \$2,000 Per Day]

Maximum Hospital Confinement Benefit Period[10][30][60][90][365] Days]

[Intensive Care Unit Benefit:

Daily Intensive Care Unit Benefit [\$50 – \$2,000 Per Day]

Maximum Intensive Care Unit Benefit Period [10][15][20][30] Days]]

[CONTINUOUS CARE BENEFIT:

Daily Benefit.....[\$25 – \$500 Per Day]

Maximum Continuous Care Benefit Period..... [the length of the preceding Period of
Confinement in a Hospital not to
exceed [10][30] days of care]]

EMERGENCY MEDICAL SERVICES BENEFIT:

Emergency Medical Services Benefit[\$25 - \$1,000] Per Visit

Maximum Number of Visits [1][2] Per Calendar Year

[SURGICAL AND ANESTHESIA BENEFIT:

Surgery Benefit:[50-100]% of [2011] RBRVS

Anesthesia Benefit:.....[10% – 50%] of the amount paid for the Surgery Benefit]]

[OUTPATIENT PHYSICIAN'S OFFICE VISIT BENEFIT:

Physician's Office Visit Benefit.....[\$10 – \$250 Per Visit]

Maximum Number of Visits[1][2][5] visits Per Calendar Year]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT:

Outpatient Diagnostic, X-Ray and Laboratory Procedures Benefit....[\$0 – \$500 Per Test Day]

Maximum Number of Test Days.....[1][2][3][5] Per Calendar Year]

[WELLNESS AND PREVENTIVE CARE BENEFIT:

Benefit Amount.....[\$10 – \$500 Per Visit]

Maximum Number of Visits [1][2][5] visits Per Calendar Year]

[ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER:.....

Principal Sum.....[\$1,000 – \$25,000]]

[CRITICAL ILLNESS BENEFIT RIDER:

Benefit Amount.....[\$500 - \$10,000]]

[ACCIDENT MEDICAL EXPENSE BENEFIT RIDER:

Deductible.....[\$0][\$100][\$250][\$500] Per Calendar Year

Coinsurance[50% - 100%]

Maximum Benefit Amount[\$500 - \$10,000] Per Calendar Year]

PREMIUM RATES:

Total Annual Premium:.....[\$xxx.00]

Initial Term:..... [Monthly, Quarterly, Semi-Annual, Annual, Monthly Draft]

Initial Premium.....[\$xxx.00]

Beneficiaries are chosen by the Insured in the Enrollment Application.

DEFINITIONS - GENERAL

Accident or Accidental means an act or event which is unforeseen, unexpected and unanticipated, definite as to time and place, which:

1. causes Injury to one or more Covered Persons; and
2. occurs while coverage is in effect for the Covered Person.

Age means a Covered Person's Age as of his/her last birthday.

[Ambulatory Surgical Center means a facility, licensed as such, that provides outpatient surgical services. It does not include a Hospital, Physician's or dentist's office, a clinic, or any other such location.]

Calendar Year means a period of 12 consecutive months starting on January 1 and ending on December 31 of the same year.

Beneficiary means the Insured's designated Beneficiary(ies) is (are) the person(s) so named by the Insured as shown on the Company's records kept on file.

Certificate Effective Date means the date insurance begins for a Covered Person under the Policy.

Complications of Pregnancy means:

1. conditions, requiring Hospital Confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity, but does not include false labor, pre-term or premature labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning Sickness, hyperemesis gravidarum, pre-eclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and non-elective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.

Covered Person means an Insured, an Insured's spouse, or Dependent children:

1. whom the Insured has elected to cover under the Policy ;
2. for whom premium has been paid; and
3. listed as a Covered Person in the Certificate Schedule of Benefits.

The Insured must be listed as a Covered Person in order to be covered under the Policy.

Dependent means an Insured's family as follows:

1. *The lawful Spouse, if not legally separated or divorced;
2. Unmarried children (whether natural, adopted or stepchildren) under age 26; or
3. Unmarried children for whom the Insured is required to provide insurance under a medical support order or an order enforceable by a court.

*The term Spouse as used throughout this Certificate will include the Insured's lawful Domestic Partner.

Domestic Partner means an unmarried same or opposite sex adult who resides with the Insured and has registered in a state or local domestic partner registry with the Insured as Domestic Partners.

Each partner must:

1. Be at least 18 years old and competent to contract;
2. Be the sole Domestic Partner of the other person; and
3. Not be married.

[Elimination Period means the consecutive number of days the Covered Person is confined as an Inpatient before a benefit is payable.]

Enrollment Application means the form(s) approved by the Company that You (and Your spouse, if any) signed to apply for coverage under the Policy. It also includes any other document approved by the Company that You use to change coverage under the Policy.

[Home Health Care means a program of professional, paraprofessional or skilled care for medical services provided through a Home Health Care Agency to a Covered Person in his or her home. This includes any of the following services:

1. Nursing services provided by a:
(a) registered nurse;

- (b) licensed practical nurse;
- (c) licensed vocational nurse; or
- (d) a licensed public health nurse;
- 2. Physical therapy;
- 3. Speech therapy;
- 4. Respiratory therapy; or
- 5. Occupational therapy.]

[Home Health Care Agency means an agency or organization which provides Home Health Care services, and:

- 1. Is licensed or certified, if required by the jurisdiction in which it is located; or accredited by:
 - (a) the National Home Caring Council, a Division of the Foundation for Hospice and Home Care;
 - (b) the Joint Commission Accreditation of Health Care Organizations; or
 - (c) the National League for Nursing;
- 2. Is supervised by a qualified professional such as a registered nurse or a licensed social worker;
- 3. Whose employees receive appropriate specialized training; and
- 4. Keeps clinical records, including Physician's orders where appropriate, on all patients.]

Hospice means a licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons and their families. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or short-term inpatient basis in a Hospice unit.

Hospital means a legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises.

The term "Hospital" does not include any institution or part thereof used as a Rehabilitation Unit or Rehabilitation Facility; a Hospice unit, including any bed designated as a Hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended-care facility; a Skilled Nursing Facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

Immediate Family Member means a person who is related to the Covered Person in any of the following ways: Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild.)

Injury or Injuries means Accidental bodily Injury sustained by a Covered Person in an Accident that:

- 1. is the direct cause of the condition for which benefits are provided,
- 2. is independent of disease or bodily infirmity or any other cause, and
- 3. occurs while this insurance is in force.

All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Inpatient means confined overnight as a registered bed patient in a Hospital where at least one day's room and board is charged. Inpatient does not include a Covered Person's treatment in an Ambulatory Surgical Center, emergency room, or an observation room. The confinement must be Medically Necessary.

Insured means the Association member described in the Enrollment Application, any successor thereof, or, in the case of the death of the Association Member, any person thereafter named to assume ownership privileges under the Policy. Such person, regardless of title, has exclusive ownership privileges under the Policy. These privileges include, but are not limited to, his/her right to change coverage under the Policy for themselves or any Covered Person. The Insured must be listed as a Covered Person in the Certificate Schedule of Benefits and appropriate premium paid in order to be covered under the Policy.

[Intensive Care Unit (ICU) means a specifically designated unit of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These

units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.]

Medically Necessary means that, based on generally accepted current medical practice, a service or supply is necessary and appropriate for the diagnosis or treatment of Injury or Sickness. We do not consider a service or supply as Medically Necessary if:

1. it is provided only as a convenience to the Covered Person or provider;
2. it is not appropriate treatment for the Covered Person's diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. it is experimental or investigational.

The fact that a Doctor may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Outpatient means the Covered Person is not confined in a Hospital.

Period of Confinement means a time period of continuous confinement as an Inpatient in a Hospital. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated Injury or Sickness or the confinements are separated by [30-180] days.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not:

1. the Covered Person; or
2. an Immediate Family Member.

Policyholder means the entity to which the group Policy is issued.

Preexisting Condition means a condition not otherwise excluded by name or specific description:

1. for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from, a Physician within [6 – 12] months before the Certificate Effective Date; or
2. that would have caused a reasonable person to seek medical diagnosis or treatment within [6 – 12] months before the Certificate Effective Date.

[Rehabilitation Facility means an institution whose primary purpose is to provide restorative therapy to disabled persons. Such facility must be licensed as such in the state in which it operates. "Rehabilitation Facility" does not include places for custodial care or places for confinement of drug addicts or alcoholics.]

[Rehabilitation Unit means a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician who is knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.]

[Resource Based Relative Value System (RBRVS) means the methodology used by the federal government to determine benefits payable under Medicare.]

Sickness means Sickness or disease which begins while coverage is in force under the Policy for the Covered Person. Sickness does not include normal pregnancy but does include Complications of Pregnancy. All related conditions and recurring symptoms of Sickness will be considered one Sickness.

[Skilled Nursing Facility means a lawfully operating institution or a distinct part thereof. Such facility must be engaged mainly in providing skilled nursing care and treatment for people convalescing from an Injury or Sickness. It must: (1) have organized facilities for medical services; (2) provide 24 hour a day nursing services under the full-time supervision of a Physician or a registered nurse; (3) have available the services of a Physician at all times; (4) maintain daily clinical records on each patient; and (5) provide appropriate methods for dispensing and administering drugs and medicines.

A Skilled Nursing Facility shall include the following facilities that are operating within the scope of their lawful licenses: (1) a rehabilitation center; (2) a transitional care unit; (3) an intermediate nursing facility; (4) an extended care facility; and (5) a nursing home.

A Skilled Nursing Facility does not mean a home or facility, or part of home or facility, that is used primarily for: (1) rest; (2) the aged; (3) alcoholics or drug addicts; (4) mental illness or disorders; (5) custodial care; or (6) educational care.]

Waiting Period means a consecutive 30 day period of time starting with the Certificate Effective Date for each Covered

Person during which no benefits are payable for a Sickness.

You, Your or Yours means the Insured named on the Certificate Schedule of Benefits.

ELIGIBILITY AND EFFECTIVE DATES

The Insured's Certificate Schedule of Benefits shows Covered Persons initially covered under the Policy. The insurance for a Covered Person will take effect on the Certificate Effective Date assigned by Us and shown in the Insured's Certificate Schedule of Benefits.

AFTER THE CERTIFICATE EFFECTIVE DATE

The Insured may apply for coverage for eligible dependents after the Certificate Effective Date. The Insured must complete a new application and submit evidence of insurability if requested by Us for the eligible dependent. Acceptance for coverage will be in accordance with Our rules in effect on any application date. The insurance for a Covered Person will take effect on the Certificate Effective Date assigned by Us.

No Insured may be eligible for insurance under the Policy as both an Insured and as a Spouse or Dependent Child at the same time. If an Insured and Spouse are both eligible to be covered as an Insured, one but not both, is eligible to cover the Dependent Children. The other Spouse may elect single coverage only.

NEWBORN CHILDREN

The Insured's newborn child is automatically covered from the moment of birth for up to 90 days. Coverage for newborns will be the same as for all other covered Insured's Dependents. If the Insured does not have other covered Dependents and wants uninterrupted coverage, the Insured will have the option to add Dependent child coverage. The Insured must notify the Company in writing within the greater of 90 days or the next premium due date of such birth and pay the required additional premium (if any), in order for coverage for the newborn child to continue beyond such 90 day period.

ADOPTED CHILDREN

An adopted child is automatically covered for up to 60 days after filing petition for adoption. Coverage will begin from the moment of birth if the petition for adoption and application for coverage is received within 60 days after the birth of the minor. Coverage for such child will be the same as for all other covered Insured's Dependents. If the Insured does not have other covered Dependents and wants uninterrupted coverage, the Insured will have the option to add Dependent child coverage. The insured must notify the Company in writing within 60 days after the filing of the petition for adoption and pay additional premium (if any), in order for coverage of the adopted child to continue beyond such 60 day period.

The coverage will terminate upon the dismissal or denial of a petition for adoption.

COURT ORDERED CUSTODY

We will not restrict or deny coverage due to the fact that: 1) a Dependent child does not reside with the noncustodial parent; or 2) the parent-child relationship was established through a paternity action; or 3) the minor child is covered through the state-administered Medicaid program; or 4) the minor child is not claimed as a dependent on the noncustodial parent's federal or state income tax return.

TERMINATION AND CONTINUATION

Coverage under the Policy for a Covered Person ends on the earliest of:

1. the date the Policy is terminated by the Company or the Policyholder;
2. the premium due date if premiums are not paid when due, subject to the Grace Period;
3. the date a Covered Person performs an act or practice that constitutes fraud;
4. the date the Insured requests, in writing, that the coverage be terminated; or
5. the date the Dependent does not meet the definition of a Dependent under the Policy.

If coverage is non-renewed under number 1 by the Policyholder, the Policyholder is responsible for providing association member's notice of such termination. If coverage is non-renewed under number 1 by the Company, We will provide at least 60 days advance written notice to the Insured.

If We refuse to renew coverage due to non-payment of premiums, We will provide 30 days written notice of termination of coverage prior to the non-renewal date in accordance with the Grace Period.

At the time of coverage renewal, We may modify coverage under the Policy. However, the modification must be consistent with State law and effective on a uniform basis among all individuals that We cover under the Policy.

Subject to the conditions listed above, We cannot refuse to renew coverage:

1. Just because of a change in a Covered Person's health or the type of work the Covered Person performs; or
2. Just because of the claims filed by or on behalf of a Covered Person, unless the claims are fraudulent.

Termination of coverage will not affect a claim for a covered loss that occurred while the coverage was in force under the Policy.

CONTINUATION OF COVERAGE FOR AN INCAPACITATED CHILD

Coverage for a mentally or physically handicapped Dependent child that is covered under the Policy and who became incapacitated prior to their 26th birthday will not end when scheduled if the child depends on the Insured for primary support and maintenance. Proof of the incapacity or dependency must be furnished to Us upon our request and at Our expense. The premium for such child's continued coverage will remain at the child rate until the child is no longer dependent or incapacitated. The Insured must notify Us if the incapacity or dependency is removed or terminated.

CONTINUATION PROVISION

The following Covered Persons are eligible to continue coverage under the Policy if coverage is terminated for reasons other than non-payment of premium or fraud:

1. a Spouse and covered Dependent children in the event of the death of the Insured;
2. a Spouse in the event of legal dissolution of the marriage.

In the event of the Insured's death when there is not a covered Spouse, coverage ends for all Covered Persons on the date of the Insured's death.

To continue insurance under the Policy, the Spouse must:

1. become a member of the Association to which the Policy was issued;
2. submit a request to Us within 31 days after coverage under this Certificate terminates; and
3. timely pay the required premium.

Premium rates for coverage under this continuation will be based on the Covered Person's class at the time of election. If the Covered Person does not elect to continue insurance within 31 days after the coverage ends, coverage may not be elected under this provision at a later date.

Coverage under the new Certificate will begin for a Covered Person on the date coverage terminates under this Certificate. Any benefits paid under this Certificate will be deducted from benefits payable under the new Certificate. Benefits paid under this Certificate, together with benefits payable under any new Certificate that may be issued, will not exceed those that would have been payable had the Covered Person's insurance under this Certificate remained in force and effect.

BENEFITS AND COVERAGES

Benefits described below are payable as stated in the Certificate Schedule of Benefits when a Covered Person incurs

charges for Medically Necessary treatment while coverage is in force, subject to any applicable terms, exclusions or limitations. Benefits for Sickness are subject to the Waiting Period.

[HOSPITAL BENEFITS

[Hospital Admission Benefit:

If a Covered Person is admitted as an Inpatient in a Hospital for treatment of Sickness or Injury, the Company will pay the Hospital Admission Benefit shown in the Certificate Schedule of Benefits.

The Hospital Admission Benefit is payable once during each Period of Confinement.]

[Hospital Confinement Benefit:

If a Covered Person is confined as an Inpatient in a Hospital for treatment of Sickness or Injury, the Company will pay the Daily Hospital Confinement Benefit shown in the Certificate Schedule of Benefits for each day that a Covered Person is charged for room and board as Inpatient care.

The Daily Hospital Confinement Benefit is payable up to the Maximum Hospital Confinement Benefit Period shown in the Schedule of Benefits for each Period of Confinement.

[No benefits are payable during the Waiting Period or Elimination Period for Sickness. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.]

We do not provide benefits for treatment received in an emergency room, any Outpatient setting, skilled nursing facility, rehabilitation facility, rehabilitation Unit, hospice or any other facility other than a Hospital.]

[Intensive Care Unit Benefit:

While a Covered Person is receiving the Hospital Confinement Benefit due under the Policy, the Company will pay an additional benefit equal to the Daily Intensive Care Unit Benefit shown in the Certificate Schedule of Benefits for each day a Covered Person is confined in and charged for an Intensive Care Unit.

The Daily Intensive Care Unit Benefit is payable for up to the Maximum Intensive Care Unit Benefit Period shown in the Certificate Schedule of Benefits for each Period of Confinement.]

[CONTINUOUS CARE BENEFIT

If a Covered Person is receiving Inpatient care in a Hospital and upon discharge requires Continuous Care, We will pay the Daily Benefit for each day up to the Maximum Continuous Care Benefit Period shown in the Certificate Schedule of Benefits.

Continuous Care means care received in a Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or Home Health Care or Hospice care in connection with the condition for which he or she was hospitalized.

The following conditions must be met before Continuous Care benefits are payable:

1. Continuous Care must begin within 7 days following discharge from Inpatient care in a Hospital;
2. Continuous Care must be for the same Accident or Sickness for which the Covered Person was hospitalized;
3. The Continuous Care must be prescribed by a Physician and must be Medically Necessary for the care and treatment of the Covered Person's condition;
4. Home Health Care services must be performed by a Home Health Care Agency. Home Health Care services cannot be performed by a person who lives with the Covered Person or by the Covered Person's Immediate Family Member;
5. Hospice care services require: (a) a written statement from the attending Physician that the Covered Person has a life expectancy of six (6) months or less, and (b) a written statement from the Hospice certifying the days that services were provided.

The Daily Benefit is payable once per day regardless of how many Continuous Care services are provided on that day.

Benefits are not payable if the Covered Person is Hospital confined on an Inpatient basis.]

EMERGENCY MEDICAL SERVICES BENEFIT

If a Covered Person receives Emergency Medical Services for the treatment of a Medical Emergency due to an Injury or Sickness, the Company will pay the Emergency Medical Services Benefit up to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.

As used in this provision:

"Ancillary Services" means standard medical procedures that are reasonably necessary for the diagnosis and treatment of a patient.

"Emergency Medical Services" means:

1. Health care services furnished in the emergency department of a Hospital for the treatment of a Medical Emergency;
2. Ancillary Services routinely available to the emergency department of a Hospital for the treatment of a Medical Emergency; and
3. Emergency Medical Services transportation (air or ground ambulance).

"Medical Emergency" means the sudden onset or sudden worsening of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent lay person, who possesses an average knowledge of health and medicine, to result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

[SURGICAL AND ANESTHESIA BENEFITS

Surgery Benefit:

If a Covered Person undergoes a surgical procedure for treatment of Sickness or Injury, the Company will pay the Surgery Benefit based upon the percentage indicated in the Certificate Schedule of Benefits of the RBRVS allowable amount.

The surgical procedure must be performed by a Physician in a Hospital or an Ambulatory Surgical Center.

Two or more surgical procedures performed during the same operative session, even if caused by more than one Accident or Sickness, will be considered one surgical procedure, and benefits will be based upon the procedure with the highest dollar value.

Anesthesia Benefit:

The Company will pay the Anesthesia Benefit shown in the Certificate Schedule of Benefits for the administration of anesthesia for which a charge is incurred during a surgical procedure covered under the Policy.

Services must be administered by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA).]

[OUTPATIENT PHYSICIAN'S OFFICE VISIT BENEFIT

If a Covered Person visits a Physician's office for treatment of Sickness or Injury, the Company will pay the Physician's Office Visit Benefit for each visit up to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT

If a Covered Person receives outpatient diagnostic, x-ray or laboratory procedures for the treatment of Sickness or Injury, the Company will pay the Outpatient Diagnostic, X-ray and Laboratory Procedures Benefit for each day up to the Maximum Number of Test Days shown in the Certificate Schedule of Benefits.

One Test Day includes all outpatient diagnostic, x-ray and laboratory procedures performed in one calendar day.]

[WELLNESS AND PREVENTIVE CARE BENEFIT

We will pay the Benefit Amount shown in the Certificate Schedule of Benefits when a Covered Person receives Wellness

and Preventive Care. The Wellness and Preventive Care must be under the supervision of a Physician and a charge must be incurred for the service.

Wellness and Preventive Care (for reasons other than to diagnose or treat a suspected or identified Sickness or Injury) means an office visit and related procedures for the following: 1) a routine history and physical examination; 2) cervical cytological screening (pap test), colorectal cancer screening, prostate cancer screening, routine mammography screening, or bone density screening; or 3) childhood immunizations as recommended by the Department of Health and Human Services and Centers for Disease Control and Prevention.

The Benefit Amount is payable for the combined services listed under Wellness and Preventive Care received during one visit. The Benefit Amount is payable up to the Maximum Number of Visits shown in the Schedule of Benefits.]

EXCLUSIONS AND LIMITATIONS

WAITING PERIOD FOR SICKNESS:

Loss caused by or relating to Sickness will not be covered for this first 30 days after the Certificate Effective Date of each Covered Person.

PREEXISTING CONDITION LIMITATION:

Loss caused by or relating to a Preexisting Condition is not covered for the first [6 – 12] months after the Certificate Effective Date of each Covered Person.

EXCLUSIONS:

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to, or as a natural and probable consequence of any of the following excluded risks:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any act of auto-eroticism, while sane or insane;
2. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;
3. Declared or undeclared war, or any act of declared or undeclared war;
4. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his or her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
5. The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of .08 gms/dl blood alcohol). This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused, contributed to, or resulted from the excessive blood alcohol concentration;
6. The Covered Person's: 1) voluntary use of illegal drugs; 2) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and 3) intentional misuse of prescription drugs;
7. The Covered Person's commission of or attempt to commit a felony;
8. The Covered Person being engaged in an illegal occupation;
9. Services and supplies which are not prescribed by a Physician as Medically Necessary to treat a covered loss (other than for Wellness and Preventive Care);
10. Services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;
11. Services and supplies which are received outside of the United States of America, its possessions and territories;
12. Dental care or treatment unless due to an Injury to a sound and natural tooth;
13. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:
 - a) To repair a birth defect of a child born to the Insured and continuously covered under the Policy from birth; or
 - b) For reconstructive surgery following a covered mastectomy;

14. Any covered loss that is covered under any state or federal Worker's Compensation , Employer's Liability law or similar law;
15. Any mental or nervous disorders or alcoholism or substance abuse;
16. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices;
17. Pregnancy or maternity. Complications of Pregnancy are not excluded;
18. Participating in any organized sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event;
19. Care in a custodial institution, domiciliary care or rest cures;
20. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or
21. Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.

PREMIUM

PREMIUMS

The Company provides insurance in return for premium payments in the manner described in the Certificate Schedule of Benefits. The Company may change the required premiums due by giving the Insured at least 60 days advance written notice. The Company may also change the required premiums at any time when any change affecting rates is made in the Policy. Premiums for coverage may change if a change in benefits occurs or dependents are added or deleted.

GRACE PERIOD

A grace period may apply to any premium payments made in any mode other than a single premium. Premium payments after the initial premium payment may be paid within the grace period. The grace period will last for [31-60] days after the due date of the premium payment. During the Grace Period, the coverage will remain in force. However, the Company is not obligated to pay any claims incurred during the Grace Period until the premium due is received. If premium payments are not made by the end of the grace period, the coverage will immediately cease to be in force.

No Grace Period will be provided if the Company receives notice to terminate the Covered Person's coverage under the Policy prior to a premium due date.

UNPAID PREMIUM

Any due and unpaid premium may be deducted from any benefits then payable.

PREMIUM REFUND AT DEATH

If a Covered Person's coverage terminates due to death, the Company will refund the pro rata unearned portion of any premium paid for such Covered Person.

MISSTATEMENT OF AGE

If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be an adjustment of premiums based on his or her true age. If the benefits for which the Covered Person is insured are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

ELECTRONIC ACCOUNT DEBIT AUTHORIZATION

If You have chosen Electronic Account Debit as Your method of premium payment, You agree that:

1. We are authorized to debit Your named account for premium payments;
2. The account debit will be made electronically without the signature of any officer or employee of the Company; We will not provide a receipt for any account debit;
3. The Company will not incur any liability because of dishonor of the account debit;
4. Upon refusal of the financial institution to honor any attempted debit of the named account, We will cease to debit Your account. We will send You written notice, requesting payment in full of the required premium. Upon Your payment of the required premium, We will again begin to debit Your account. However, if You do not pay the required premium, Your coverage will lapse in accordance with the Grace Period provision; and
5. Except as provided in (4) above, the authorization remains effective unless either party ends the authorization. Before ending the authorization, a party must provide the other party at least 30 days advance written notice. We are not liable for amounts debited from Your account prior to Our receipt of written notification to end coverage.

CLAIM PROVISIONS

NOTICE OF CLAIM

The Insured must give the Company written notice of a claim. It should be given within 60 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by the Insured or on behalf of the Insured to Us at our Home Office, or to any authorized agent of the Company, with information sufficient to identify the Covered Person, will be deemed notice to the Company.

CLAIM FORMS

The Company will send the Insured a claim form when a notice of claim is received. If the form is not furnished within 15 days from the time the Insured gives notice, the Insured may fulfill the proof of loss requirements by sending written proof covering the occurrence, the character and the extent of the loss for which claim is made within the time set in Proof of Loss.

PROOF OF LOSS

The Insured must give the Company written proof of loss within 90 days after such loss. If it is not reasonably possible to do so, the Company will not reduce or deny the Insured's claim for being late if proof is given as soon as reasonably possible. It must, however, be given within 15 months from the date of loss, unless the Insured is not legally capable.

TIME OF PAYMENT OF CLAIMS

Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS

Benefits for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such benefits will be payable to the estate of the Insured. Any other accrued indemnities unpaid at the Insured's death may, at Our option, be paid either to such Beneficiary or to such estate. All other indemnities will be payable to the Insured.

If any benefit of the Policy is payable to the estate of the Insured, or to an Insured or Beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such indemnity up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage of the Insured or Beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment.

ASSIGNMENT

An Insured may assign all of his or her rights, privileges and benefits under the Policy without the consent of his or her designated Beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of the Policy.

CHANGE OF BENEFICIARY

The right to change a Beneficiary is reserved for the Insured, and the consent of the Beneficiary or beneficiaries is not required for the surrender or assignment of the Policy, for any change of Beneficiary or beneficiaries, or for any other changes in the Policy.

PHYSICAL EXAMINATIONS AND AUTOPSY

The Company may have a Covered Person examined at its own expense as often as it may reasonably require while their claim is pending under the Policy and to make an autopsy in case of death where it is not forbidden by law.

LEGAL ACTIONS

No action at law or in equity shall be brought to recover under the Policy for at least 60 days after the Insured has given the Company written proof of loss in accordance with the requirements of the Policy. The Insured cannot start such action more than 3 years after the date proof of loss is required to be furnished.

RIGHT OF RECOVERY

When an overpayment has been made by Us, We will have the right to: a) recover that overpayment from the person to whom or on whose behalf it was made; or b) offset the amount of that overpayment from a future claim payment.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

The Policy, the Application(s), the Riders (if any), and any attached papers make up the entire contract between the Policyholder and the Company.

In the absence of fraud, all statements made by the Insured will be considered representations and not warranties. No written statement made by the Insured will be used in any contest unless a copy of the statement is furnished to the Insured or his or her Beneficiary or personal representative.

No change in the Policy will be valid until approved by an executive officer of the Company. The approval must be attached to the Policy. No agent may change the Policy or waive any of its provisions.

The Company may amend or change the Certificate by written agreement with the Policyholder. We may amend or change the Certificate at any time, without the consent of the Policyholder, the Insured, any Covered Person or beneficiary, if required by law. Any amendment will be without prejudice to any charge incurred prior to the effective date of the change.

TIME LIMIT ON CERTAIN DEFENSES

After 3 years from the Certificate Effective Date, no misstatements, except fraudulent misstatements, made by the Insured in the application for coverage will be used to void the coverage after the expiration of the three-year period.

A claim for loss incurred beginning 12 months after a Covered Person's Certificate Effective Date will not be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed before the effective date of coverage.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

REINSTATEMENT

Coverage terminates if You do not pay a periodic premium payment before the end of the Grace Period. Our later acceptance of premium, (or one of our authorized agent's acceptance of premium) without requiring an application for reinstatement, reinstates coverage under the Policy.

We will require an application for reinstatement. We will subject all representations made in this application to all of the provisions of the Policy, including TIME LIMIT ON CERTAIN DEFENSES. If We approve the application for reinstatement, We will reinstate coverage as of the approval date of the reinstatement Enrollment Application. If We do not approve the reinstatement and do not notify You in writing of the disapproval, We must reinstate coverage. The reinstatement will take place on the 45th day following the date of Our receipt of the application for reinstatement.

The reinstated plan only covers loss resulting from:

1. Injury that occurs after reinstatement; and
2. Sickness that begins ten days or more after the Covered Person's date of reinstatement.

In all other respects, the Covered Person's rights and Our rights will remain the same, except as stated in any application attached to the reinstated coverage.

We will apply any premiums that We accept for reinstatement to a period for which You have not paid premiums. We will not apply any premium to any period more than 60 days before the reinstatement date.

CLERICAL ERROR

Clerical error, whether by the Insured or the Company, will not void the insurance of any Covered Person if that insurance would otherwise have been in effect nor extend the insurance of any Covered Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Standard  **Life**
AND ACCIDENT
INSURANCE COMPANY
A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES



STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

PO BOX 696870 SAN ANTONIO, TX 78269 888.350.1488

New Enrollment Change Policy#

SECTION A - Enrollment Application for Limited Benefit Accident and Sickness Insurance

Table with columns for Name, Sex, Date of Birth (Mo, Day, Year), Age, and Social Security #. Rows A-E for Applicant and others.

2. Address City Country State Zip Phone#

SECTION B - Benefit Selection

3. New Enrollment - I, as an association member, apply for: Plan 300, Plan 500, Plan 750, Plan 1000, Plan 1000 MAX, Other. Optional Benefits: Critical Illness Benefit, Accident Medical Expense Benefit, Accidental Death & Dismemberment Benefit.

4. Change Request: Qualifying event and date, Beneficiary Name and Relationship, Annual Enrollment Change.

5. Does anyone listed above have any other accident or major medical insurance benefits in force? If "yes", complete the following for each Proposed Insured:

Table with columns: Name, Name of Company, Type of Policy, Effective Date, Termination Date, Replacing (Yes/No).

SECTION C - Special Requests

SECTION D - Agreement and Declarations

I, as a member of the National Congress of Employers Association, represent that all information given in this Enrollment Application is true and complete to the best of my knowledge and belief.

I understand that the policy applied for provides limited benefits and is not a major medical or comprehensive benefit plan. THIS IS A LIMITED BENEFIT POLICY. Please review the Policy carefully.

ACKNOWLEDGEMENT- If eligible for Medicare, I have received the Guide to Health Insurance for People with Medicare and the Important Notice to Persons on Medicare.

If this Enrollment Application is completed over the telephone or completed electronically, I agree that my electronic signature serves as my original signature.

Signed at Date

Applicant Spouse

Agent's Signature Agent's Number

Agent's Telephone # Agent's E-mail

FRAUD WARNING:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Alaska Residents: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

For Arizona Residents: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Arkansas, Louisiana, Maryland & West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application is guilty of a crime and may be subject to fines and confinement in prison.

For California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Note: California law prohibits an HIV test from being required or used by a health insurance company as a condition of obtaining coverage.

For Colorado Residents: It is unlawful It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Delaware Residents: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

For District of Columbia Residents: **WARNING** – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Idaho & Indiana Residents: A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete or misleading information commits a felony.

For Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact materially thereto commits a fraudulent insurance act, which is a crime.

For Maine & Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application is guilty of a crime and may be subject to civil fines and criminal penalties.

For Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Oklahoma Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

For Oregon & Texas Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Pennsylvania Residents: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Virginia Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston Texas 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Company hereafter referred to as "Standard Life", "We", "Us", "Our" or "the Company")

ACCIDENT MEDICAL EXPENSE BENEFIT RIDER

This optional Rider is a part of the Policy and Certificate to which it is attached. It is issued in consideration of the application and the payment of the required premium. This Rider is subject to all of the terms, maximums, conditions, exclusions and limitations of the Policy and Certificate, except as stated herein.

RIDER EFFECTIVE DATE

Unless otherwise indicated below, this Rider is effective on the Certificate Effective Date for each Covered Person.

Rider Effective Date, if other than the Certificate Effective Date: _____

ACCIDENT MEDICAL EXPENSE BENEFITS

If a Covered Person sustains an Injury in a covered Accident that requires Medically Necessary care by a Physician in a Hospital, emergency room, Physician's office or other licensed medical facility, We will reimburse the expenses incurred not to exceed the Maximum Benefit Amount shown in the Certificate Schedule of Benefits. Benefits are subject to the Deductible and coinsurance amount (if any) shown in the Certificate Schedule of Benefits.

Covered expenses must be incurred within 90 days from the date of the covered Accident. We do not consider expenses incurred beyond such 90 days. Covered expenses are limited to the Reasonable and Customary amount for the service or supply.

The Maximum Benefit Amount will be payable only once per Calendar Year per Covered Person regardless of the number of incidents of care received or the number of different Injuries received in the Calendar Year.

Benefits payable under this provision are payable in addition to any other benefit payable under the terms of the Policy.

As used in this Rider:

Reasonable and Customary means the dollar amount charged that is the lesser of:

1. The actual dollar amount charged;
2. A negotiated rate of payment;
3. The dollar amount usually charged for the service by the provider who furnishes it; or
4. The prevailing dollar amount charge made for a service in a geographical area made by a facility or person.

Deductible means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense each Calendar Year before Policy benefits are payable. The Deductible is shown in the Certificate Schedule of Benefits. Each Covered Person must satisfy the Deductible each Calendar Year.

RIDER TERMINATION

This Rider terminates on the earliest of the following:

1. the date the coverage for the Covered Person expires;
2. when the required premium is not paid within the grace period; or
3. the premium due date on or next following the date we receive the Covered Person's written request to terminate this Rider.

Signed on behalf of Standard Life and Accident Insurance Company at Galveston, Texas.



Secretary



President

LIMITED BENEFIT – PLEASE REVIEW CAREFULLY

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston Texas 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Company hereafter referred to as "Standard Life", "We", "Us", "Our" or "the Company")

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS RIDER

This optional Rider is a part of the Policy and Certificate to which it is attached. It is issued in consideration of the application and the payment of the required premium. This Rider is subject to all of the terms, maximums, conditions, exclusions and limitations of the Policy and Certificate, except as stated herein.

RIDER EFFECTIVE DATE

Unless otherwise indicated below, this Rider is effective on the Certificate Effective Date for each Covered Person.

Rider Effective Date, if other than the Certificate Effective Date: _____

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If a Covered Person suffers a covered Injury that results in any of the covered losses shown below and the loss occurs within [90 – 180] days from the date of the covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum for that covered loss. The Principal sum is shown in the Certificate Schedule of Benefits.

The covered loss must:

- 1. have resulted directly and independently of all other causes from the covered Accident;
- 2. occur while the Rider is in force.

In the event of multiple losses during the same Accident, only one loss, the largest to which the Covered Person would be eligible to receive, will be payable.

<u>Loss of:</u>	<u>Benefit:</u> (Percentage of Principal Sum)
Life.....	100%
Brain Death.....	100%
Quadriplegia.....	100%
Two or More Members.....	100%
One Member.....	50%
Hemiplegia.....	50%
Paraplegia.....	50%
Uniplegia.....	25%
Thumb and Index Finger of the Same Hand.....	25%
Four fingers of the Same Hand.....	25%

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing.

“Loss of a hand or foot” means complete severance through or above the wrist or ankle joint.

“Loss of sight” means total and permanent loss of sight of [one/both] eye[s] that is irrecoverable, including by surgical and artificial means.

“Loss of speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means.

“Loss of hearing” means permanent total deafness in both ears such that it cannot be corrected by any aid or device.

“Loss of thumb and index finger of the same hand” means complete severance of each through or above the

metacarpophalangeal joint of both digits of the same hand.

“Severance” means the complete separation and dismemberment of the part from the body.

“Brain Death” means irreversible unconsciousness with total loss of brain function with complete absence of electrical activity of the brain, although the heart is still beating.

“Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body.

“Paraplegia” means total Paralysis of both lower limbs or both upper limbs.

“Quadriplegia” means total Paralysis of both upper and lower limbs.

“Uniplegia” means total Paralysis of one lower limb or one upper limb.

RIDER TERMINATION

This Rider terminates on the earliest of the following:

1. the date the coverage under the Certificate for the Covered Person expires;
2. when the required premium is not paid within the grace period; or
3. the premium due date on or next following the date we receive the Covered Person’s written request to terminate this Rider.

Signed on behalf of Standard Life and Accident Insurance Company at Galveston, Texas.



Secretary



President

LIMITED BENEFIT – PLEASE REVIEW CAREFULLY

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston Texas 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Company hereafter referred to as "Standard Life", "We", "Us", "Our" or "the Company")

CRITICAL ILLNESS BENEFIT RIDER

This optional Rider is a part of the Policy and Certificate to which it is attached. It is issued in consideration of the application and the payment of the required premium. This Rider is subject to all of the terms, maximums, conditions, exclusions and limitations of the Policy and Certificate, except as stated herein.

RIDER EFFECTIVE DATE

Unless otherwise indicated below, this Rider is effective on the Certificate Effective Date for each Covered Person.

Rider Effective Date, if other than the Certificate Effective Date: _____

CRITICAL ILLNESS BENEFIT

When a Covered Person is diagnosed with Critical Illness that First Occurs after the Covered Person's Rider Effective Date, We will pay the Benefit Amount shown in the Certificate Schedule of Benefits.

This benefit is payable only once for each Covered Person while the Rider is in force, regardless of the number of Critical Illnesses. Critical Illness benefits are not payable during the first 30 days following a Covered Person's Rider Effective Date.

Critical Illness means: 1) Invasive Cancer; 2) Stroke (Cerebrovascular Accident); 3) Heart Attack (Acute Myocardial Infarction); or 4) End-Stage Renal Failure.

As used in this Rider:

End-Stage Renal Failure means the chronic and irreversible failure of both of a Covered Person's kidneys, which requires the Covered Person to undergo periodic and ongoing dialysis. The diagnosis must be made by a Physician.

First Occurs means the occurrence or diagnosis is the first time ever in the Covered Person's lifetime that he/she has experienced such Critical Illness, been diagnosed with that specific condition included as a Critical Illness, or undergone a specific procedure included as a Critical Illness.

Heart Attack means an acute myocardial infarction resulting in:

1. the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries; and
2. resulting in the loss of the normal function of the heart.

The diagnosis must be made by a Physician and based on both:

1. new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of Heart Attack.

Established (old) myocardial infarction or Heart Attack occurring during any surgical procedure is excluded.

Invasive Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue through the basement membrane or capsule. "Invasive Cancer" includes, but shall not be limited to any form of:

1. Leukemia;
2. Lymphoma; or
3. Multiple Myeloma

The following are not "Invasive Cancer":

1. pre-malignant lesions (such as intraepithelial neoplasia); or
2. benign tumors or polyps; or
3. early prostate cancer Diagnosed as T1N0M0 or equivalent staging; or
4. cancer in situ; or
5. any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be diagnosed by a Physician, board-certified as a pathologist pursuant to a pathological or clinical diagnosis when a pathological diagnosis is not available.

Stroke means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The diagnosis must be made by a Physician.

RIDER TERMINATION

This Rider terminates on the earliest of the following:

1. the date the coverage for the Covered Person expires;
2. when the required premium is not paid within the grace period; or
3. the premium due date on or next following the date we receive the Covered Person's written request to terminate this Rider.

Signed on behalf of Standard Life and Accident Insurance Company at Galveston, Texas.



Secretary



President

LIMITED BENEFIT – PLEASE REVIEW CAREFULLY

SERFF Tracking Number: ANTX-127618823 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49744
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Benefit Sub-TOI: H08G.000 Health - Intensive Care - Limited Benefit
 Product Name: EXCHBENEFITS
 Project Name/Number: EXCHBENEFITS/EXCHBENEFITS

Rate Information

Rate data applies to filing.

Filing Method: Serff
 Rate Change Type: Neutral
 Overall Percentage of Last Rate Revision: 0.000%
 Effective Date of Last Rate Revision: 08/25/2011
 Filing Method of Last Filing: New

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Standard Life and Accident Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: ANTX-127618823 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49744
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
 Benefit Benefit
 Product Name: EXCHBENEFITS
 Project Name/Number: EXCHBENEFITS/EXCHBENEFITS

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 09/27/2011	RATES	SL-EXCHBC, SL-New EXCAMER, SL- EXCHADR, SL- EXHCIR			NCE RATES - EXHIBIT 1 - BASE POLICY - GENERIC.pdf NCE RATES - EXHIBIT 2 - AME RIDER - GENERIC.pdf NCE RATES - EXHIBIT 3 - CRIT ILL RIDER AND ADD - GENERIC.pdf NCE RATES - EXHIBIT 4 - GENERIC.pdf

Exhibit I
Standard Life and Accident Insurance Company

Monthly Attained Age Premium Rates
Base Benefits Policy Form SL-EXCHBP

Member Only

Benefit	Male								Female							
	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74
Hospital Confinement																
\$50/Day, 0 Day EP, 10 Day Max	0.701	1.350	1.837	2.523	3.409	4.948	8.033	10.683	0.890	1.639	1.935	2.497	2.914	3.996	7.173	9.754
\$50/Day, 0 Day EP, 30 Day Max	0.773	1.518	2.067	2.838	3.835	5.738	9.527	12.945	0.956	1.761	2.078	2.808	3.278	4.634	8.623	12.016
\$50/Day, 0 Day EP, 60 Day Max	0.777	1.529	2.082	2.859	3.863	5.795	9.642	13.126	0.959	1.768	2.086	2.828	3.303	4.680	8.728	12.183
\$50/Day, 0 Day EP, 90 Day Max	0.778	1.533	2.086	2.866	3.872	5.813	9.679	13.186	0.960	1.770	2.089	2.835	3.310	4.695	8.765	12.243
\$50/Day, 0 Day EP, 365 Day Max	0.778	1.534	2.088	2.868	3.874	5.819	9.693	13.210	0.961	1.771	2.090	2.837	3.312	4.700	8.779	12.268
\$50/Day, 3 Day EP, 10 Day Max	0.568	0.815	0.999	1.263	1.607	2.429	4.043	5.646	0.534	0.770	0.863	1.233	1.397	2.001	3.812	5.479
\$50/Day, 3 Day EP, 30 Day Max	0.630	0.941	1.160	1.475	1.886	2.949	5.010	7.114	0.583	0.850	0.956	1.441	1.637	2.425	4.764	6.966
\$50/Day, 3 Day EP, 60 Day Max	0.633	0.951	1.173	1.494	1.911	2.999	5.112	7.273	0.587	0.856	0.963	1.459	1.658	2.466	4.857	7.113
\$50/Day, 3 Day EP, 90 Day Max	0.635	0.954	1.178	1.500	1.918	3.016	5.146	7.328	0.588	0.858	0.965	1.465	1.665	2.480	4.890	7.168
\$50/Day, 3 Day EP, 365 Day Max	0.635	0.955	1.179	1.501	1.921	3.021	5.158	7.348	0.588	0.859	0.966	1.467	1.667	2.483	4.903	7.189
\$50/Day, 7 Day EP, 10 Day Max	0.519	0.613	0.680	0.783	0.922	1.366	2.248	3.202	0.423	0.498	0.527	0.752	0.819	1.159	2.189	3.196
\$50/Day, 7 Day EP, 30 Day Max	0.575	0.700	0.783	0.908	1.075	1.643	2.743	3.947	0.459	0.546	0.580	0.873	0.954	1.391	2.680	3.951
\$50/Day, 7 Day EP, 60 Day Max	0.578	0.709	0.795	0.924	1.097	1.686	2.831	4.083	0.462	0.551	0.586	0.888	0.973	1.426	2.761	4.078
\$50/Day, 7 Day EP, 90 Day Max	0.580	0.712	0.799	0.929	1.103	1.701	2.861	4.132	0.463	0.553	0.588	0.893	0.978	1.438	2.791	4.128
\$50/Day, 7 Day EP, 365 Day Max	0.580	0.713	0.800	0.931	1.105	1.705	2.871	4.148	0.463	0.553	0.589	0.894	0.980	1.442	2.801	4.146
Hospital Admission																
\$50 Benefit	0.208	0.382	0.519	0.713	0.963	1.307	2.027	2.559	0.287	0.528	0.624	0.705	0.823	1.055	1.697	2.133
Hospital ICU																
\$50/Day, 10 Day Max	0.073	0.133	0.181	0.249	0.337	0.456	0.708	0.893	0.100	0.185	0.218	0.247	0.288	0.368	0.593	0.745
\$50/Day, 15 Day Max	0.073	0.133	0.182	0.250	0.338	0.458	0.710	0.897	0.101	0.185	0.218	0.247	0.288	0.370	0.594	0.748
\$50/Day, 20 Day Max	0.073	0.133	0.182	0.250	0.338	0.458	0.710	0.897	0.101	0.185	0.218	0.248	0.288	0.370	0.594	0.748
\$50/Day, 30 Day Max	0.073	0.133	0.182	0.250	0.338	0.458	0.710	0.897	0.101	0.185	0.218	0.248	0.288	0.370	0.594	0.748
Wellness																
\$25/Visit, 1 Visit/Year	0.119	0.369	0.556	0.737	0.761	0.759	0.728	0.728	1.043	1.288	1.299	1.304	1.306	1.293	1.250	1.250
\$25/Visit, 2 Visits/Year	0.212	0.653	0.985	1.304	1.347	1.343	1.289	1.289	1.848	2.280	2.300	2.310	2.313	2.288	2.213	2.213
\$25/Visit, 5 Visits/Year	0.406	1.254	1.891	2.504	2.585	2.579	2.474	2.474	3.547	4.376	4.414	4.434	4.438	4.393	4.249	4.249
Surgical																
50% of RBRVS	9.163	14.802	18.727	25.177	33.893	42.883	58.335	58.335	12.773	20.308	22.660	26.588	33.648	41.503	50.609	50.609
60% of RBRVS	10.996	17.762	22.472	30.212	40.673	51.460	70.003	70.003	15.327	24.369	27.192	31.905	40.378	49.803	60.731	60.731
70% of RBRVS	12.829	20.723	26.218	35.248	47.451	60.037	81.669	81.669	17.882	28.431	31.723	37.223	47.108	58.104	70.853	70.853
80% of RBRVS	14.662	23.683	29.963	40.283	54.230	68.613	93.337	93.337	20.436	32.493	36.256	42.540	53.838	66.404	80.975	80.975
90% of RBRVS	16.494	26.643	33.708	45.318	61.008	77.190	105.003	105.003	22.990	36.553	40.788	47.858	60.567	74.705	91.097	91.097
100% of RBRVS	18.327	29.603	37.453	50.353	67.788	85.767	116.670	116.670	25.545	40.615	45.319	53.175	67.297	83.006	101.218	101.218
Anesthesia																
10% of Surgical, 100% of RBRVS	1.833	2.960	3.745	5.035	6.778	8.577	11.667	11.667	2.554	4.062	4.532	5.318	6.730	8.301	10.122	10.122
20% of Surgical, 100% of RBRVS	3.665	5.921	7.491	10.071	13.558	17.153	23.334	23.334	5.109	8.123	9.064	10.635	13.459	16.601	20.243	20.243
30% of Surgical, 100% of RBRVS	5.498	8.881	11.236	15.106	20.336	25.730	35.001	35.001	7.663	12.184	13.596	15.953	20.189	24.902	30.366	30.366
40% of Surgical, 100% of RBRVS	7.331	11.842	14.982	20.142	27.115	34.307	46.668	46.668	10.218	16.246	18.128	21.270	26.918	33.203	40.488	40.488
50% of Surgical, 100% of RBRVS	9.163	14.802	18.727	25.177	33.893	42.883	58.335	58.335	12.773	20.308	22.660	26.588	33.648	41.503	50.609	50.609
Physician Office Visit																
\$25/Visit, 1 Visit/Year	2.319	2.976	3.273	3.911	4.641	5.419	7.162	7.162	4.369	4.581	5.029	5.734	6.063	6.528	7.459	7.459
\$25/Visit, 2 Visits/Year	3.892	4.993	5.492	6.562	7.786	9.092	12.016	12.016	7.331	7.686	8.438	9.621	10.173	10.953	12.515	12.515
\$25/Visit, 5 Visits/Year	6.648	8.528	9.381	11.208	13.300	15.530	20.526	20.526	12.523	13.129	14.413	16.435	17.377	18.709	21.378	21.378
Diagnostic X-Ray / Lab																
\$50/Test Day, 1 Test Day/Year	3.084	3.151	3.268	3.534	3.936	4.433	5.467	5.368	3.518	4.413	4.842	5.430	5.953	6.421	6.958	6.925
\$50/Test Day, 2 Test Days/Year	4.745	4.848	5.027	5.438	6.056	6.820	8.411	8.258	5.413	6.790	7.449	8.354	9.158	9.879	10.704	10.654
\$50/Test Day, 3 Test Days/Year	5.942	6.071	6.295	6.810	7.583	8.540	10.533	10.342	6.779	8.503	9.328	10.462	11.468	12.372	13.405	13.343
\$50/Test Day, 5 Test Days/Year	7.673	7.840	8.129	8.794	9.793	11.028	13.602	13.355	8.754	10.980	12.046	13.510	14.810	15.976	17.310	17.229
Emergency Room																
\$25/Visit, 1 Visit/Year	0.248	0.223	0.225	0.234	0.261	0.293	0.354	0.354	0.402	0.278	0.271	0.290	0.307	0.320	0.333	0.333
\$25/Visit, 2 Visits/Year	0.383	0.343	0.346	0.361	0.401	0.452	0.545	0.545	0.618	0.427	0.416	0.447	0.472	0.492	0.513	0.513
Continuos Care																
\$25/Day, 10 Day Max	0.012	0.027	0.033	0.040	0.058	0.090	0.123	0.130	0.016	0.028	0.033	0.039	0.058	0.096	0.134	0.255
\$25/Day, 30 Day Max	0.018	0.041	0.051	0.062	0.088	0.137	0.186	0.198	0.023	0.043	0.052	0.059	0.088	0.146	0.204	0.387

Exhibit I
Standard Life and Accident Insurance Company

Monthly Attained Age Premium Rates
Base Benefits Policy Form SL-EXCHBP

Member and Spouse

Benefit	Male								Female							
	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74
Hospital Confinement																
\$50/Day, 0 Day EP, 10 Day Max	1.591	2.989	3.772	5.020	6.323	8.944	15.207	20.438	1.591	2.989	3.772	5.020	6.323	8.944	15.207	20.438
\$50/Day, 0 Day EP, 30 Day Max	1.728	3.279	4.145	5.647	7.113	10.372	18.149	24.961	1.728	3.279	4.145	5.647	7.113	10.372	18.149	24.961
\$50/Day, 0 Day EP, 60 Day Max	1.736	3.297	4.168	5.688	7.165	10.475	18.369	25.309	1.736	3.297	4.168	5.688	7.165	10.475	18.369	25.309
\$50/Day, 0 Day EP, 90 Day Max	1.738	3.303	4.175	5.701	7.182	10.508	18.444	25.429	1.738	3.303	4.175	5.701	7.182	10.508	18.444	25.429
\$50/Day, 0 Day EP, 365 Day Max	1.739	3.305	4.178	5.704	7.186	10.519	18.473	25.478	1.739	3.305	4.178	5.704	7.186	10.519	18.473	25.478
\$50/Day, 3 Day EP, 10 Day Max	1.102	1.585	1.863	2.495	3.003	4.430	7.854	11.125	1.102	1.585	1.863	2.495	3.003	4.430	7.854	11.125
\$50/Day, 3 Day EP, 30 Day Max	1.213	1.791	2.116	2.916	3.523	5.374	9.774	14.080	1.213	1.791	2.116	2.916	3.523	5.374	9.774	14.080
\$50/Day, 3 Day EP, 60 Day Max	1.220	1.807	2.136	2.953	3.569	5.465	9.968	14.386	1.220	1.807	2.136	2.953	3.569	5.465	9.968	14.386
\$50/Day, 3 Day EP, 90 Day Max	1.223	1.813	2.143	2.965	3.583	5.496	10.036	14.495	1.223	1.813	2.143	2.965	3.583	5.496	10.036	14.495
\$50/Day, 3 Day EP, 365 Day Max	1.223	1.814	2.145	2.968	3.588	5.504	10.061	14.537	1.223	1.814	2.145	2.968	3.588	5.504	10.061	14.537
\$50/Day, 7 Day EP, 10 Day Max	0.942	1.110	1.207	1.535	1.741	2.525	4.438	6.398	0.942	1.110	1.207	1.535	1.741	2.525	4.438	6.398
\$50/Day, 7 Day EP, 30 Day Max	1.034	1.246	1.363	1.781	2.029	3.033	5.423	7.898	1.034	1.246	1.363	1.781	2.029	3.033	5.423	7.898
\$50/Day, 7 Day EP, 60 Day Max	1.040	1.260	1.381	1.813	2.069	3.112	5.592	8.161	1.040	1.260	1.381	1.813	2.069	3.112	5.592	8.161
\$50/Day, 7 Day EP, 90 Day Max	1.043	1.265	1.388	1.823	2.082	3.139	5.652	8.260	1.043	1.265	1.388	1.823	2.082	3.139	5.652	8.260
\$50/Day, 7 Day EP, 365 Day Max	1.043	1.266	1.389	1.825	2.085	3.147	5.672	8.293	1.043	1.266	1.389	1.825	2.085	3.147	5.672	8.293
Hospital Admission																
\$50 Benefit	0.494	0.910	1.143	1.418	1.787	2.362	3.723	4.693	0.494	0.910	1.143	1.418	1.787	2.362	3.723	4.693
Hospital ICU																
\$50/Day, 10 Day Max	0.173	0.318	0.398	0.496	0.624	0.824	1.300	1.638	0.173	0.318	0.398	0.496	0.624	0.824	1.300	1.638
\$50/Day, 15 Day Max	0.173	0.318	0.400	0.497	0.626	0.828	1.304	1.644	0.173	0.318	0.400	0.497	0.626	0.828	1.304	1.644
\$50/Day, 20 Day Max	0.173	0.318	0.400	0.498	0.626	0.828	1.304	1.644	0.173	0.318	0.400	0.498	0.626	0.828	1.304	1.644
\$50/Day, 30 Day Max	0.173	0.318	0.400	0.498	0.626	0.828	1.304	1.644	0.173	0.318	0.400	0.498	0.626	0.828	1.304	1.644
Wellness																
\$25/Visit, 1 Visit/Year	1.163	1.657	1.855	2.041	2.067	2.052	1.978	1.978	1.163	1.657	1.855	2.041	2.067	2.052	1.978	1.978
\$25/Visit, 2 Visits/Year	2.059	2.933	3.285	3.614	3.659	3.632	3.503	3.503	2.059	2.933	3.285	3.614	3.659	3.632	3.503	3.503
\$25/Visit, 5 Visits/Year	3.953	5.630	6.305	6.938	7.023	6.972	6.723	6.723	3.953	5.630	6.305	6.938	7.023	6.972	6.723	6.723
Surgical																
50% of RBRVS	21.936	35.109	41.387	51.764	67.542	84.386	108.944	108.944	21.936	35.109	41.387	51.764	67.542	84.386	108.944	108.944
60% of RBRVS	26.323	42.131	49.663	62.117	81.051	101.263	130.733	130.733	26.323	42.131	49.663	62.117	81.051	101.263	130.733	130.733
70% of RBRVS	30.711	49.153	57.941	72.470	94.558	118.141	152.523	152.523	30.711	49.153	57.941	72.470	94.558	118.141	152.523	152.523
80% of RBRVS	35.098	56.175	66.218	82.823	108.068	135.018	174.312	174.312	35.098	56.175	66.218	82.823	108.068	135.018	174.312	174.312
90% of RBRVS	39.484	63.197	74.496	93.175	121.575	151.895	196.100	196.100	39.484	63.197	74.496	93.175	121.575	151.895	196.100	196.100
100% of RBRVS	43.872	70.218	82.773	103.528	135.084	168.773	217.888	217.888	43.872	70.218	82.773	103.528	135.084	168.773	217.888	217.888
Anesthesia																
10% of Surgical, 100% of RBRVS	4.387	7.022	8.277	10.353	13.508	16.878	21.788	21.788	4.387	7.022	8.277	10.353	13.508	16.878	21.788	21.788
20% of Surgical, 100% of RBRVS	8.774	14.044	16.555	20.706	27.017	33.754	43.578	43.578	8.774	14.044	16.555	20.706	27.017	33.754	43.578	43.578
30% of Surgical, 100% of RBRVS	13.162	21.065	24.832	31.058	40.525	50.632	65.367	65.367	13.162	21.065	24.832	31.058	40.525	50.632	65.367	65.367
40% of Surgical, 100% of RBRVS	17.549	28.088	33.109	41.412	54.033	67.509	87.156	87.156	17.549	28.088	33.109	41.412	54.033	67.509	87.156	87.156
50% of Surgical, 100% of RBRVS	21.936	35.109	41.387	51.764	67.542	84.386	108.944	108.944	21.936	35.109	41.387	51.764	67.542	84.386	108.944	108.944
Physician Office Visit																
\$25/Visit, 1 Visit/Year	6.688	7.557	8.303	9.645	10.704	11.948	14.621	14.621	6.688	7.557	8.303	9.645	10.704	11.948	14.621	14.621
\$25/Visit, 2 Visits/Year	11.223	12.678	13.929	16.183	17.958	20.044	24.531	24.531	11.223	12.678	13.929	16.183	17.958	20.044	24.531	24.531
\$25/Visit, 5 Visits/Year	19.170	21.658	23.794	27.643	30.677	34.239	41.904	41.904	19.170	21.658	23.794	27.643	30.677	34.239	41.904	41.904
Diagnostic X-Ray / Lab																
\$50/Test Day, 1 Test Day/Year	6.603	7.564	8.109	8.964	9.888	10.853	12.424	12.293	6.603	7.564	8.109	8.964	9.888	10.853	12.424	12.293
\$50/Test Day, 2 Test Days/Year	10.158	11.638	12.476	13.793	15.214	16.699	19.115	18.913	10.158	11.638	12.476	13.793	15.214	16.699	19.115	18.913
\$50/Test Day, 3 Test Days/Year	12.721	14.573	15.623	17.272	19.052	20.912	23.938	23.684	12.721	14.573	15.623	17.272	19.052	20.912	23.938	23.684
\$50/Test Day, 5 Test Days/Year	16.427	18.820	20.175	22.304	24.603	27.004	30.912	30.584	16.427	18.820	20.175	22.304	24.603	27.004	30.912	30.584
Emergency Room																
\$25/Visit, 1 Visit/Year	0.650	0.501	0.496	0.524	0.568	0.613	0.687	0.687	0.650	0.501	0.496	0.524	0.568	0.613	0.687	0.687
\$25/Visit, 2 Visits/Year	1.001	0.770	0.762	0.808	0.873	0.943	1.058	1.058	1.001	0.770	0.762	0.808	0.873	0.943	1.058	1.058
Continuous Care																
\$25/Day, 10 Day Max	0.028	0.055	0.067	0.079	0.115	0.186	0.257	0.385	0.028	0.055	0.067	0.079	0.115	0.186	0.257	0.385
\$25/Day, 30 Day Max	0.041	0.084	0.103	0.121	0.175	0.283	0.390	0.584	0.041	0.084	0.103	0.121	0.175	0.283	0.390	0.584

Exhibit I
Standard Life and Accident Insurance Company

Monthly Attained Age Premium Rates
Base Benefits Policy Form SL-EXCHBP

Member and Child(ren)

Benefit	Male								Female							
	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74
Hospital Confinement																
\$50/Day, 0 Day EP, 10 Day Max	1.842	2.644	3.056	3.651	4.425	5.849	9.084	11.734	2.033	2.853	3.047	3.499	3.781	4.836	8.224	10.805
\$50/Day, 0 Day EP, 30 Day Max	2.027	2.942	3.408	4.078	4.952	6.728	10.682	14.100	2.213	3.096	3.301	3.911	4.232	5.558	9.778	13.171
\$50/Day, 0 Day EP, 60 Day Max	2.038	2.961	3.431	4.106	4.985	6.791	10.803	14.267	2.223	3.110	3.315	3.937	4.261	5.609	9.889	13.345
\$50/Day, 0 Day EP, 90 Day Max	2.042	2.968	3.438	4.115	4.997	6.811	10.843	14.350	2.226	3.115	3.321	3.946	4.271	5.626	9.929	13.407
\$50/Day, 0 Day EP, 365 Day Max	2.042	2.969	3.439	4.117	4.999	6.817	10.857	14.374	2.227	3.116	3.322	3.947	4.272	5.631	9.943	13.432
\$50/Day, 3 Day EP, 10 Day Max	1.204	1.537	1.679	1.891	2.173	2.931	4.628	6.232	1.172	1.447	1.483	1.791	1.880	2.469	4.397	6.065
\$50/Day, 3 Day EP, 30 Day Max	1.347	1.755	1.927	2.184	2.524	3.515	5.670	7.774	1.302	1.613	1.655	2.071	2.182	2.953	5.424	7.626
\$50/Day, 3 Day EP, 60 Day Max	1.357	1.772	1.947	2.210	2.555	3.571	5.778	7.940	1.312	1.626	1.668	2.095	2.209	2.999	5.523	7.779
\$50/Day, 3 Day EP, 90 Day Max	1.360	1.777	1.954	2.217	2.564	3.588	5.814	7.995	1.314	1.630	1.672	2.102	2.216	3.014	5.558	7.835
\$50/Day, 3 Day EP, 365 Day Max	1.362	1.780	1.956	2.219	2.568	3.594	5.827	8.017	1.316	1.632	1.674	2.105	2.219	3.019	5.572	7.858
\$50/Day, 7 Day EP, 10 Day Max	0.980	1.135	1.173	1.239	1.332	1.729	2.673	3.626	0.884	0.988	1.032	1.156	1.169	1.499	2.613	3.620
\$50/Day, 7 Day EP, 30 Day Max	1.091	1.285	1.335	1.418	1.534	2.049	3.218	4.421	0.976	1.094	1.082	1.325	1.346	1.771	3.155	4.426
\$50/Day, 7 Day EP, 60 Day Max	1.099	1.300	1.352	1.439	1.560	2.097	3.311	4.562	0.984	1.105	1.094	1.346	1.368	1.810	3.241	4.558
\$50/Day, 7 Day EP, 90 Day Max	1.104	1.306	1.359	1.447	1.570	2.114	3.343	4.614	0.988	1.111	1.099	1.354	1.376	1.824	3.273	4.611
\$50/Day, 7 Day EP, 365 Day Max	1.104	1.307	1.360	1.448	1.571	2.118	3.353	4.630	0.988	1.111	1.100	1.354	1.378	1.827	3.283	4.628
Hospital Admission																
\$50 Benefit	0.552	0.772	0.887	1.053	1.270	1.578	2.344	2.876	0.631	0.895	0.960	1.007	1.085	1.309	2.014	2.450
Hospital ICU																
\$50/Day, 10 Day Max	0.192	0.269	0.308	0.367	0.443	0.550	0.817	1.003	0.220	0.312	0.334	0.351	0.378	0.456	0.702	0.855
\$50/Day, 15 Day Max	0.193	0.270	0.311	0.369	0.445	0.553	0.821	1.008	0.222	0.313	0.336	0.353	0.380	0.459	0.705	0.859
\$50/Day, 20 Day Max	0.193	0.270	0.311	0.369	0.445	0.553	0.821	1.008	0.222	0.313	0.336	0.354	0.380	0.459	0.705	0.859
\$50/Day, 30 Day Max	0.193	0.270	0.311	0.369	0.445	0.553	0.821	1.008	0.222	0.313	0.336	0.354	0.380	0.459	0.705	0.859
Wellness																
\$25/Visit, 1 Visit/Year	2.509	3.081	3.111	3.098	2.888	2.645	2.929	2.929	3.438	3.830	3.628	3.404	3.122	3.053	3.451	3.451
\$25/Visit, 2 Visits/Year	4.444	5.456	5.511	5.487	5.114	4.684	5.187	5.187	6.088	6.784	6.425	6.029	5.529	5.406	6.111	6.111
\$25/Visit, 5 Visits/Year	8.529	10.472	10.578	10.532	9.816	8.991	9.954	9.954	11.685	13.020	12.331	11.572	10.613	10.377	11.729	11.729
Surgical																
50% of RBRVS	19.066	26.039	29.317	34.963	42.708	50.700	67.454	67.454	22.694	30.845	32.311	35.289	41.175	48.798	59.728	59.728
60% of RBRVS	22.880	31.247	35.180	41.956	51.251	60.840	80.946	80.946	27.233	37.015	38.773	42.348	49.411	58.558	71.674	71.674
70% of RBRVS	26.694	36.456	41.044	48.949	59.793	70.980	94.437	94.437	31.773	43.185	45.236	49.406	57.646	68.318	83.621	83.621
80% of RBRVS	30.507	41.663	46.907	55.941	68.334	81.120	107.927	107.927	36.311	49.353	51.698	56.463	65.881	78.077	95.566	95.566
90% of RBRVS	34.320	46.872	52.771	62.934	76.876	91.260	121.418	121.418	40.850	55.522	58.160	63.522	74.116	87.837	107.512	107.512
100% of RBRVS	38.132	52.079	58.633	69.926	85.418	101.399	134.908	134.908	45.388	61.690	64.621	70.579	82.350	97.596	119.456	119.456
Anesthesia																
10% of Surgical, 100% of RBRVS	3.814	5.208	5.864	6.993	8.542	10.140	13.491	13.491	4.539	6.170	6.462	7.058	8.236	9.760	11.946	11.946
20% of Surgical, 100% of RBRVS	7.626	10.416	11.726	13.985	17.083	20.280	26.982	26.982	9.078	12.338	12.924	14.115	16.470	19.519	23.891	23.891
30% of Surgical, 100% of RBRVS	11.440	15.624	17.590	20.978	25.625	30.420	40.473	40.473	13.617	18.507	19.387	21.174	24.705	29.279	35.838	35.838
40% of Surgical, 100% of RBRVS	15.254	20.833	23.454	27.972	34.168	40.560	53.964	53.964	18.157	24.677	25.849	28.232	32.940	39.039	47.783	47.783
50% of Surgical, 100% of RBRVS	19.066	26.039	29.317	34.963	42.708	50.700	67.454	67.454	22.694	30.845	32.311	35.289	41.175	48.798	59.728	59.728
Physician Office Visit																
\$25/Visit, 1 Visit/Year	7.761	9.151	9.092	9.288	9.485	9.714	12.173	12.173	9.821	10.371	10.332	10.516	10.199	10.537	12.470	12.470
\$25/Visit, 2 Visits/Year	13.020	15.351	15.253	15.582	15.911	16.297	20.422	20.422	16.476	17.399	17.334	17.642	17.111	17.677	20.921	20.921
\$25/Visit, 5 Visits/Year	22.241	26.224	26.057	26.619	27.181	27.838	34.886	34.886	28.146	29.723	29.611	30.138	29.229	30.197	35.738	35.738
Diagnostic X-Ray / Lab																
\$50/Test Day, 1 Test Day/Year	6.040	6.505	6.428	6.455	6.567	6.766	8.189	8.089	6.480	7.559	7.722	8.027	8.199	8.598	9.679	9.647
\$50/Test Day, 2 Test Days/Year	9.294	10.010	9.891	9.934	10.105	10.411	12.600	12.447	9.971	11.631	11.882	12.351	12.616	13.230	14.893	14.843
\$50/Test Day, 3 Test Days/Year	11.638	12.535	12.387	12.440	12.654	13.036	15.778	15.587	12.487	14.564	14.880	15.467	15.798	16.568	18.651	18.588
\$50/Test Day, 5 Test Days/Year	15.028	16.187	15.995	16.063	16.340	16.834	20.375	20.128	16.124	18.807	19.214	19.973	20.401	21.394	24.083	24.002
Emergency Room																
\$25/Visit, 1 Visit/Year	0.731	0.771	0.741	0.711	0.690	0.674	0.799	0.799	0.885	0.791	0.741	0.714	0.673	0.676	0.777	0.777
\$25/Visit, 2 Visits/Year	1.124	1.185	1.139	1.094	1.061	1.037	1.228	1.228	1.361	1.216	1.139	1.098	1.035	1.038	1.196	1.196
Continuous Care																
\$25/Day, 10 Day Max	0.029	0.047	0.052	0.058	0.073	0.104	0.139	0.146	0.034	0.047	0.051	0.055	0.071	0.109	0.151	0.271
\$25/Day, 30 Day Max	0.045	0.072	0.080	0.089	0.112	0.158	0.211	0.223	0.051	0.073	0.078	0.083	0.108	0.166	0.229	0.412

Exhibit I
Standard Life and Accident Insurance Company

Monthly Attained Age Premium Rates
Base Benefits Policy Form SL-EXCHBP

Benefit	Male								Female							
	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74
Hospital Confinement																
\$50/Day, 0 Day EP, 10 Day Max	3.041	4.584	5.272	6.335	7.452	9.963	16.140	21.371	2.976	4.448	5.096	6.152	7.312	9.845	16.257	21.488
\$50/Day, 0 Day EP, 30 Day Max	3.323	5.034	5.795	7.092	8.355	11.492	19.176	25.988	3.252	4.884	5.601	6.892	8.201	11.362	19.304	26.116
\$50/Day, 0 Day EP, 60 Day Max	3.340	5.061	5.826	7.141	8.413	11.601	19.402	26.342	3.268	4.910	5.631	6.940	8.258	11.471	19.531	26.471
\$50/Day, 0 Day EP, 90 Day Max	3.345	5.071	5.837	7.158	8.432	11.637	19.479	26.464	3.273	4.920	5.642	6.956	8.277	11.506	19.608	26.593
\$50/Day, 0 Day EP, 365 Day Max	3.346	5.073	5.840	7.161	8.437	11.648	19.507	26.513	3.274	4.922	5.645	6.959	8.281	11.517	19.637	26.642
\$50/Day, 3 Day EP, 10 Day Max	1.910	2.475	2.699	3.228	3.633	4.998	8.375	11.646	1.874	2.399	2.601	3.127	3.555	4.932	8.440	11.711
\$50/Day, 3 Day EP, 30 Day Max	2.125	2.794	3.059	3.742	4.232	6.014	10.361	14.667	2.084	2.708	2.948	3.628	4.144	5.940	10.434	14.740
\$50/Day, 3 Day EP, 60 Day Max	2.140	2.819	3.088	3.788	4.285	6.111	10.561	14.978	2.099	2.733	2.976	3.672	4.197	6.036	10.635	15.052
\$50/Day, 3 Day EP, 90 Day Max	2.145	2.827	3.097	3.801	4.301	6.143	10.629	15.089	2.103	2.740	2.985	3.685	4.212	6.068	10.704	15.163
\$50/Day, 3 Day EP, 365 Day Max	2.147	2.830	3.100	3.805	4.306	6.153	10.656	15.131	2.106	2.744	2.988	3.689	4.217	6.078	10.730	15.206
\$50/Day, 7 Day EP, 10 Day Max	1.527	1.754	1.812	2.066	2.197	2.936	4.815	6.775	1.501	1.699	1.741	1.992	2.140	2.889	4.862	6.822
\$50/Day, 7 Day EP, 30 Day Max	1.690	1.967	2.041	2.375	2.539	3.494	5.845	8.319	1.660	1.905	1.962	2.293	2.476	3.440	5.898	8.372
\$50/Day, 7 Day EP, 60 Day Max	1.702	1.989	2.066	2.413	2.585	3.577	6.018	8.587	1.673	1.927	1.985	2.330	2.521	3.523	6.071	8.641
\$50/Day, 7 Day EP, 90 Day Max	1.709	1.997	2.076	2.426	2.600	3.607	6.080	8.689	1.679	1.935	1.995	2.342	2.536	3.553	6.134	8.742
\$50/Day, 7 Day EP, 365 Day Max	1.709	1.998	2.078	2.429	2.603	3.614	6.100	8.722	1.679	1.936	1.997	2.345	2.539	3.560	6.154	8.776
Hospital Admission																
\$50 Benefit	0.932	1.391	1.596	1.814	2.127	2.669	4.005	4.974	0.912	1.350	1.543	1.759	2.085	2.633	4.040	5.009
Hospital ICU																
\$50/Day, 10 Day Max	0.324	0.485	0.555	0.633	0.742	0.931	1.398	1.736	0.317	0.471	0.537	0.614	0.728	0.918	1.410	1.748
\$50/Day, 15 Day Max	0.327	0.487	0.559	0.636	0.745	0.935	1.403	1.743	0.320	0.473	0.540	0.616	0.730	0.923	1.415	1.755
\$50/Day, 20 Day Max	0.327	0.487	0.559	0.637	0.745	0.935	1.403	1.743	0.320	0.473	0.540	0.617	0.730	0.923	1.415	1.755
\$50/Day, 30 Day Max	0.327	0.487	0.559	0.637	0.745	0.935	1.403	1.743	0.320	0.473	0.540	0.617	0.730	0.923	1.415	1.755
Wellness																
\$25/Visit, 1 Visit/Year	4.201	4.999	4.997	4.795	4.431	4.186	3.934	3.934	4.065	4.714	4.628	4.413	4.138	3.938	4.179	4.179
\$25/Visit, 2 Visits/Year	7.440	8.852	8.850	8.492	7.847	7.411	6.967	6.967	7.199	8.348	8.197	7.816	7.327	6.972	7.400	7.400
\$25/Visit, 5 Visits/Year	14.281	16.991	16.986	16.300	15.060	14.225	13.373	13.373	13.817	16.022	15.733	15.002	14.064	13.383	14.204	14.204
Surgical																
50% of RBRVS	34.527	48.959	54.408	63.177	77.339	93.229	117.050	117.050	33.962	47.778	52.880	61.595	76.124	92.202	118.063	118.063
60% of RBRVS	41.432	58.751	65.290	75.813	92.809	111.875	140.461	140.461	40.754	57.334	63.456	73.914	91.350	110.643	141.677	141.677
70% of RBRVS	48.339	68.544	76.172	88.450	108.276	130.522	163.872	163.872	47.549	66.891	74.032	86.234	106.575	129.085	165.290	165.290
80% of RBRVS	55.243	78.335	87.053	101.084	123.744	149.166	187.281	187.281	54.340	76.446	84.608	98.551	121.800	147.524	188.902	188.902
90% of RBRVS	62.149	88.127	97.936	113.720	139.212	167.813	210.691	210.691	61.132	86.002	95.184	110.871	137.024	165.965	212.515	212.515
100% of RBRVS	69.053	97.917	108.815	126.355	154.680	186.458	234.100	234.100	67.924	95.556	105.759	123.189	152.249	184.405	236.126	236.126
Anesthesia																
10% of Surgical, 100% of RBRVS	6.906	9.792	10.882	12.636	15.468	18.647	23.410	23.410	6.793	9.556	10.576	12.319	15.225	18.441	23.613	23.613
20% of Surgical, 100% of RBRVS	13.810	19.584	21.763	25.271	30.936	37.291	46.820	46.820	13.584	19.111	21.152	24.638	30.449	36.880	47.225	47.225
30% of Surgical, 100% of RBRVS	20.716	29.375	32.645	37.907	46.404	55.938	70.230	70.230	20.378	28.667	31.728	36.957	45.675	55.322	70.838	70.838
40% of Surgical, 100% of RBRVS	27.623	39.168	43.527	50.543	61.872	74.584	93.641	93.641	27.171	38.224	42.305	49.277	60.900	73.763	94.452	94.452
50% of Surgical, 100% of RBRVS	34.527	48.959	54.408	63.177	77.339	93.229	117.050	117.050	33.962	47.778	52.880	61.595	76.124	92.202	118.063	118.063
Physician Office Visit																
\$25/Visit, 1 Visit/Year	13.607	15.167	15.458	15.916	16.088	16.807	19.075	19.075	13.297	14.518	14.618	15.047	15.420	16.243	19.632	19.632
\$25/Visit, 2 Visits/Year	22.828	25.445	25.932	26.703	26.990	28.195	32.003	32.003	22.308	24.356	24.523	25.244	25.870	27.249	32.937	32.937
\$25/Visit, 5 Visits/Year	38.997	43.466	44.299	45.616	46.105	48.164	54.668	54.668	38.107	41.607	41.892	43.123	44.192	46.547	56.264	56.264
Diagnostic X-Ray / Lab																
\$50/Test Day, 1 Test Day/Year	10.361	11.698	11.996	12.371	12.813	13.493	14.844	14.712	10.192	11.346	11.540	11.898	12.450	13.186	15.146	15.014
\$50/Test Day, 2 Test Days/Year	15.942	18.000	18.457	19.035	19.715	20.761	22.839	22.636	15.683	17.457	17.755	18.308	19.157	20.290	23.304	23.101
\$50/Test Day, 3 Test Days/Year	19.964	22.540	23.114	23.837	24.688	25.998	28.600	28.347	19.639	21.861	22.235	22.927	23.989	25.408	29.183	28.930
\$50/Test Day, 5 Test Days/Year	25.779	29.107	29.847	30.781	31.880	33.572	36.932	36.605	25.359	28.230	28.712	29.606	30.977	32.810	37.685	37.357
Emergency Room																
\$25/Visit, 1 Visit/Year	1.264	1.176	1.130	1.080	1.045	1.044	1.082	1.082	1.236	1.118	1.056	1.003	0.986	0.994	1.131	1.131
\$25/Visit, 2 Visits/Year	1.944	1.807	1.737	1.662	1.606	1.606	1.665	1.665	1.902	1.719	1.622	1.544	1.515	1.529	1.741	1.741
Continuos Care																
\$25/Day, 10 Day Max	0.050	0.080	0.090	0.100	0.133	0.202	0.271	0.400	0.049	0.078	0.087	0.097	0.130	0.200	0.273	0.401
\$25/Day, 30 Day Max	0.076	0.123	0.139	0.152	0.202	0.307	0.412	0.607	0.074	0.119	0.134	0.148	0.199	0.304	0.415	0.609

Exhibit II
Standard Life and Accident Insurance Company

Monthly Composite Premium Rates
Accident Medical Expense Rider SL-EXCAMER

Member

\$0 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	6.94	7.35	7.68	7.96	8.20	8.40
\$2,000	10.72	11.55	12.25	12.86	13.41	13.88
\$2,500	12.17	13.17	14.03	14.80	15.47	16.08
\$3,000	13.42	14.60	15.62	16.52	17.33	18.03
\$4,000	15.54	17.03	18.32	19.47	20.51	21.44
\$5,000	17.27	19.02	20.56	21.95	23.20	24.34
\$6,000	18.72	20.72	22.49	24.09	25.55	26.85
\$7,000	19.98	22.19	24.17	25.96	27.61	29.08
\$8,000	21.10	23.54	25.66	27.63	29.44	31.08
\$9,000	22.06	24.65	27.02	29.13	31.08	32.90
\$10,000	22.96	25.72	28.20	30.49	32.58	34.54

\$100 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	6.64	7.01	7.32	7.59	7.79	7.97
\$2,000	10.34	11.11	11.76	12.33	12.83	13.27
\$2,500	11.77	12.71	13.52	14.24	14.86	15.42
\$3,000	13.01	14.13	15.08	15.93	16.67	17.34
\$4,000	15.10	16.52	17.74	18.83	19.81	20.68
\$5,000	16.82	18.49	19.96	21.29	22.47	23.54
\$6,000	18.25	20.18	21.87	23.40	24.78	26.02
\$7,000	19.51	21.63	23.54	25.26	26.81	28.22
\$8,000	20.62	22.96	25.01	26.91	28.63	30.20
\$9,000	21.58	24.08	26.36	28.38	30.27	31.99
\$10,000	22.46	25.14	27.53	29.74	31.75	33.63

\$250 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	6.23	6.57	6.83	7.05	7.25	7.40
\$2,000	9.82	10.52	11.12	11.62	12.07	12.47
\$2,500	11.22	12.09	12.83	13.47	14.02	14.53
\$3,000	12.45	13.46	14.35	15.11	15.78	16.41
\$4,000	14.49	15.81	16.95	17.95	18.84	19.65
\$5,000	16.18	17.76	19.14	20.39	21.45	22.44
\$6,000	17.61	19.42	21.02	22.46	23.72	24.89
\$7,000	18.85	20.86	22.66	24.27	25.72	27.04
\$8,000	19.96	22.17	24.11	25.90	27.51	28.99
\$9,000	20.91	23.29	25.47	27.36	29.13	30.75
\$10,000	21.78	24.33	26.61	28.72	30.61	32.37

\$500 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	5.66	5.93	6.16	6.33	6.49	6.61
\$2,000	9.10	9.70	10.21	10.62	11.00	11.33
\$2,500	10.44	11.20	11.83	12.38	12.88	13.28
\$3,000	11.64	12.53	13.29	13.96	14.55	15.06
\$4,000	13.62	14.80	15.82	16.70	17.49	18.20
\$5,000	15.27	16.71	17.96	19.05	20.01	20.88
\$6,000	16.68	18.32	19.78	21.06	22.20	23.28
\$7,000	17.89	19.74	21.38	22.84	24.15	25.36
\$8,000	18.98	21.02	22.81	24.43	25.90	27.24
\$9,000	19.92	22.13	24.15	25.87	27.49	28.96
\$10,000	20.78	23.15	25.26	27.23	28.93	30.54

Exhibit II
Standard Life and Accident Insurance Company

Monthly Composite Premium Rates
Accident Medical Expense Rider SL-EXCAMER

Member and Spouse

\$0 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	13.88	14.71	15.37	15.93	16.40	16.81
\$2,000	21.44	23.10	24.50	25.73	26.81	27.77
\$2,500	24.34	26.34	28.07	29.60	30.94	32.16
\$3,000	26.85	29.21	31.23	33.03	34.65	36.06
\$4,000	31.08	34.07	36.64	38.94	41.02	42.88
\$5,000	34.54	38.03	41.13	43.91	46.39	48.68
\$6,000	37.43	41.44	44.98	48.18	51.10	53.70
\$7,000	39.97	44.37	48.35	51.93	55.22	58.16
\$8,000	42.20	47.07	51.32	55.26	58.88	62.16
\$9,000	44.13	49.30	54.03	58.25	62.16	65.79
\$10,000	45.91	51.45	56.40	60.97	65.16	69.07

\$100 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	13.27	14.02	14.64	15.17	15.58	15.95
\$2,000	20.68	22.22	23.53	24.67	25.67	26.55
\$2,500	23.54	25.42	27.04	28.49	29.72	30.84
\$3,000	26.02	28.25	30.16	31.86	33.34	34.68
\$4,000	30.20	33.04	35.48	37.67	39.61	41.36
\$5,000	33.63	36.97	39.92	42.58	44.94	47.08
\$6,000	36.50	40.36	43.74	46.81	49.55	52.04
\$7,000	39.01	43.26	47.09	50.52	53.63	56.44
\$8,000	41.24	45.93	50.01	53.81	57.26	60.40
\$9,000	43.16	48.15	52.73	56.77	60.54	63.99
\$10,000	44.93	50.28	55.07	59.49	63.51	67.26

\$250 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	12.47	13.13	13.67	14.10	14.50	14.80
\$2,000	19.65	21.04	22.23	23.24	24.13	24.93
\$2,500	22.44	24.18	25.66	26.94	28.05	29.05
\$3,000	24.89	26.93	28.69	30.22	31.56	32.82
\$4,000	28.99	31.63	33.90	35.90	37.69	39.29
\$5,000	32.37	35.52	38.28	40.77	42.90	44.88
\$6,000	35.22	38.84	42.05	44.91	47.44	49.78
\$7,000	37.70	41.72	45.32	48.55	51.44	54.09
\$8,000	39.92	44.34	48.22	51.79	55.03	57.97
\$9,000	41.81	46.57	50.93	54.72	58.26	61.50
\$10,000	43.56	48.66	53.22	57.43	61.22	64.74

\$500 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	11.33	11.87	12.32	12.67	12.99	13.22
\$2,000	18.20	19.41	20.41	21.25	21.99	22.65
\$2,500	20.88	22.39	23.67	24.76	25.76	26.56
\$3,000	23.28	25.06	26.59	27.92	29.11	30.11
\$4,000	27.25	29.61	31.65	33.41	34.98	36.39
\$5,000	30.54	33.43	35.92	38.10	40.01	41.76
\$6,000	33.36	36.65	39.56	42.13	44.41	46.57
\$7,000	35.77	39.48	42.76	45.68	48.31	50.72
\$8,000	37.96	42.04	45.61	48.86	51.80	54.49
\$9,000	39.85	44.27	48.30	51.74	54.97	57.92
\$10,000	41.57	46.31	50.53	54.46	57.87	61.08

Exhibit II
Standard Life and Accident Insurance Company

Monthly Composite Premium Rates
Accident Medical Expense Rider SL-EXCAMER

Member and Child(ren)

\$0 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	18.36	19.46	20.33	21.07	21.69	22.23
\$2,000	28.37	30.56	32.41	34.03	35.47	36.73
\$2,500	32.20	34.84	37.13	39.16	40.93	42.54
\$3,000	35.52	38.64	41.32	43.70	45.85	47.71
\$4,000	41.12	45.07	48.47	51.52	54.27	56.73
\$5,000	45.69	50.31	54.41	58.09	61.38	64.40
\$6,000	49.52	54.83	59.50	63.74	67.61	71.04
\$7,000	52.88	58.70	63.96	68.70	73.05	76.94
\$8,000	55.83	62.27	67.89	73.10	77.89	82.24
\$9,000	58.38	65.22	71.48	77.06	82.24	87.04
\$10,000	60.74	68.06	74.62	80.67	86.21	91.38

\$100 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	17.56	18.55	19.36	20.07	20.61	21.10
\$2,000	27.36	29.40	31.12	32.64	33.95	35.12
\$2,500	31.14	33.63	35.78	37.69	39.31	40.79
\$3,000	34.42	37.37	39.90	42.15	44.10	45.88
\$4,000	39.95	43.71	46.94	49.83	52.40	54.71
\$5,000	44.49	48.91	52.81	56.33	59.45	62.29
\$6,000	48.29	53.39	57.87	61.92	65.56	68.85
\$7,000	51.61	57.22	62.29	66.83	70.94	74.67
\$8,000	54.56	60.76	66.16	71.19	75.75	79.90
\$9,000	57.09	63.71	69.76	75.10	80.09	84.65
\$10,000	59.44	66.52	72.85	78.70	84.02	88.99

\$250 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	16.49	17.37	18.08	18.65	19.19	19.58
\$2,000	25.99	27.84	29.41	30.75	31.93	32.98
\$2,500	29.69	31.99	33.95	35.64	37.10	38.44
\$3,000	32.93	35.62	37.96	39.98	41.76	43.42
\$4,000	38.35	41.84	44.84	47.50	49.86	51.98
\$5,000	42.82	46.99	50.64	53.94	56.76	59.37
\$6,000	46.59	51.39	55.63	59.42	62.76	65.85
\$7,000	49.87	55.19	59.95	64.23	68.06	71.55
\$8,000	52.82	58.66	63.79	68.52	72.80	76.70
\$9,000	55.31	61.61	67.38	72.39	77.08	81.37
\$10,000	57.63	64.38	70.41	75.98	80.99	85.64

\$500 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	14.98	15.70	16.30	16.76	17.18	17.49
\$2,000	24.07	25.67	27.00	28.11	29.09	29.97
\$2,500	27.62	29.62	31.31	32.76	34.08	35.13
\$3,000	30.80	33.15	35.17	36.93	38.51	39.84
\$4,000	36.04	39.17	41.87	44.20	46.27	48.15
\$5,000	40.40	44.22	47.52	50.40	52.93	55.24
\$6,000	44.13	48.48	52.34	55.73	58.75	61.61
\$7,000	47.33	52.23	56.56	60.44	63.91	67.10
\$8,000	50.22	55.61	60.34	64.64	68.53	72.09
\$9,000	52.71	58.56	63.90	68.45	72.73	76.63
\$10,000	54.99	61.26	66.85	72.04	76.56	80.81

Exhibit II
Standard Life and Accident Insurance Company

Monthly Composite Premium Rates
Accident Medical Expense Rider SL-EXCAMER

Member and Family

\$0 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	27.95	29.61	30.94	32.06	33.01	33.84
\$2,000	43.17	46.51	49.32	51.79	53.98	55.90
\$2,500	49.00	53.02	56.51	59.59	62.30	64.74
\$3,000	54.06	58.80	62.88	66.51	69.77	72.60
\$4,000	62.58	68.59	73.77	78.40	82.59	86.34
\$5,000	69.53	76.57	82.80	88.40	93.41	98.00
\$6,000	75.36	83.44	90.56	97.01	102.89	108.11
\$7,000	80.47	89.34	97.34	104.55	111.17	117.09
\$8,000	84.96	94.77	103.32	111.25	118.54	125.16
\$9,000	88.84	99.26	108.78	117.28	125.16	132.46
\$10,000	92.44	103.58	113.56	122.76	131.19	139.06

\$100 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	26.72	28.23	29.47	30.55	31.36	32.11
\$2,000	41.63	44.74	47.37	49.67	51.67	53.44
\$2,500	47.40	51.18	54.45	57.35	59.83	62.08
\$3,000	52.39	56.88	60.73	64.15	67.12	69.82
\$4,000	60.80	66.51	71.43	75.84	79.75	83.27
\$5,000	67.71	74.43	80.38	85.73	90.47	94.80
\$6,000	73.48	81.26	88.07	94.24	99.77	104.77
\$7,000	78.55	87.09	94.80	101.70	107.97	113.63
\$8,000	83.04	92.46	100.69	108.34	115.28	121.60
\$9,000	86.89	96.95	106.16	114.29	121.88	128.82
\$10,000	90.45	101.23	110.87	119.76	127.86	135.42

\$250 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	25.10	26.44	27.52	28.38	29.20	29.80
\$2,000	39.56	42.36	44.76	46.79	48.59	50.20
\$2,500	45.18	48.69	51.67	54.24	56.47	58.49
\$3,000	50.11	54.21	57.77	60.85	63.55	66.08
\$4,000	58.36	63.67	68.24	72.28	75.88	79.11
\$5,000	65.17	71.51	77.06	82.09	86.38	90.36
\$6,000	70.90	78.20	84.65	90.43	95.51	100.22
\$7,000	75.89	83.99	91.24	97.74	103.57	108.90
\$8,000	80.38	89.28	97.08	104.27	110.78	116.72
\$9,000	84.18	93.76	102.54	110.16	117.30	123.83
\$10,000	87.70	97.98	107.15	115.63	123.25	130.34

\$500 Deductible

Max Benefit Amount	Coinsurance					
	50%	60%	70%	80%	90%	100%
\$1,000	22.80	23.90	24.80	25.50	26.15	26.62
\$2,000	36.64	39.07	41.09	42.77	44.27	45.61
\$2,500	42.04	45.08	47.65	49.85	51.87	53.47
\$3,000	46.88	50.44	53.53	56.20	58.61	60.63
\$4,000	54.85	59.61	63.72	67.26	70.42	73.27
\$5,000	61.49	67.30	72.32	76.70	80.55	84.07
\$6,000	67.16	73.79	79.65	84.81	89.41	93.76
\$7,000	72.02	79.49	86.08	91.98	97.26	102.12
\$8,000	76.43	84.63	91.83	98.38	104.30	109.70
\$9,000	80.22	89.12	97.24	104.17	110.68	116.62
\$10,000	83.68	93.23	101.73	109.64	116.51	122.98

Exhibit III
Standard Life and Accident Insurance Company

Monthly Attained Age Premium Rates
Critical Illness Rider SL-EXCHCIR

Benefit	Male								Female							
	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74
Critical Illness (\$1000 Benefit)																
Employee Only	0.19	0.81	1.41	2.31	3.54	5.33	7.44	10.22	0.21	0.84	1.33	1.96	2.79	3.83	5.08	6.75
Employee and Spouse	0.41	1.65	2.75	4.26	6.33	9.16	12.52	16.97	0.41	1.65	2.75	4.26	6.33	9.16	12.52	16.97
Employee and Child(ren)	0.28	0.91	1.51	2.39	3.62	5.40	7.52	10.30	0.30	0.93	1.42	2.04	2.86	3.90	5.16	6.83
Family	0.52	1.77	2.86	4.37	6.42	9.24	12.59	17.04	0.51	1.76	2.85	4.35	6.41	9.23	12.60	17.05

Monthly Premium Rates
Accidental Death & Dismemberment Rider SL-EXCHADR

AD&D Benefit (\$1000)	All Ages	0.20
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Exhibit IV
Standard Life and Accident Insurance Company
Default Age/Gender Distributions For Composite Rates

Member Only		
Age	Male	Female
18-39	24.2%	22.0%
40-44	4.8%	4.8%
45-49	4.9%	5.7%
50-54	4.7%	6.2%
55-59	4.2%	6.1%
60-64	3.1%	5.3%
65-69	0.8%	1.3%
70-74	0.8%	1.3%

Member and Spouse		
Age	Male	Female
18-39	20.5%	10.5%
40-44	10.0%	4.9%
45-49	10.4%	5.5%
50-54	9.4%	5.5%
55-59	7.9%	4.2%
60-64	5.6%	2.3%
65-69	1.4%	0.4%
70-74	1.4%	0.4%

Member and Child(ren)		
Age	Male	Female
18-39	19.0%	27.6%
40-44	7.9%	10.8%
45-49	7.4%	9.6%
50-54	4.9%	6.1%
55-59	2.4%	2.5%
60-64	0.8%	0.6%
65-69	0.1%	0.1%
70-74	0.1%	0.1%

Member and Family		
Age	Male	Female
18-39	20.5%	10.5%
40-44	10.0%	4.9%
45-49	10.4%	5.5%
50-54	9.4%	5.5%
55-59	7.9%	4.2%
60-64	5.6%	2.3%
65-69	1.4%	0.4%
70-74	1.4%	0.4%

SERFF Tracking Number: ANTX-127618823 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49744
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
 Benefit Benefit
 Product Name: EXCHBENEFITS
 Project Name/Number: EXCHBENEFITS/EXCHBENEFITS

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/27/2011
Comments:		
Attachment: Readability Certification SL.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/27/2011
Bypass Reason: This has been attached to the Forms Tab.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Associations Constitution and Bylaws	Approved-Closed	09/27/2011
Comments:		
Attachment: NCE CONSTITUTION AND BYLAWS.pdf		

	Item Status:	Status Date:
Satisfied - Item: Duplication Notice and Replacement Notice and Consumer Notice and Guarantee Association Notice	Approved-Closed	09/27/2011
Comments: Statutorily worded Duplication Notice and Replacement Notice		
Attachments: NCE REPLACEMENT NOTICE.pdf NCE DUPLICATION NOTICE.pdf		

SERFF Tracking Number: ANTX-127618823 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49744
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
 Benefit Benefit
 Product Name: EXCHBENEFITS
 Project Name/Number: EXCHBENEFITS/EXCHBENEFITS

AR Imp Information Notice.pdf
 ARGAN.pdf

	Item Status:	Status
		Date:
Satisfied - Item: Actuarial Memorandum and Certification	Approved-Closed	09/27/2011

Comments:

Attachment:

NCE ACTUARIAL MEMORANDUM - GENERIC DE.pdf

	Item Status:	Status
		Date:
Satisfied - Item: Statement of Variability	Approved-Closed	09/27/2011

Comments:

Attachment:

STATEMENT OF VARIABILITY.pdf



READABILITY CERTIFICATION

We hereby certify that the following forms have achieved a Flesch scale readability score which meets the minimum reading ease score as required by your state:

SL-VERSEP-AR
SL-VERSEC-AR
SL-VERSEND1
SLLBE
SLLBGRPAR

**William
J. Hogan** Digitally signed by William J. Hogan
DN: cn=William J. Hogan, c=US,
o=Standard Life and Accident
Insurance Company, ou=Assistant
Vice President, Health Compliance,
email=william.hogan@anico.com
Date: 2011.08.08 11:03:01 -05'00'

William J. Hogan
Asst. Vice President, Health Compliance

08/08/2011

Date of Signature

**CONSTITUTION AND BY-LAWS OF
OF
NATIONAL CONGRESS OF EMPLOYERS, INC.**

**ARTICLE I
NAME & OFFICE**

Section 1 - Name

The name of the association shall be the National Congress of Employers, Inc., hereinafter referred to as "NCE" or the "Association". NCE is a corporation incorporated in the State of Delaware with its principal place of business in the District of Columbia. NCE's By-Laws shall be governed and interpreted by the laws of the State of New York.

Section 2 - Office

The principal offices of the Association shall be located at 1101 Pennsylvania Avenue, Washington, D.C. and additional Chapter offices in New York and any other location the Board deems appropriate.

Section 3 - Registered Agent

The registered agent of the Association is National Registered Agent, Inc. located at 160 Greentree Drive, Suite 101, County of Kent, Dover, Delaware, 19904.

**ARTICLE II
SEAL**

Section 1 - Seal

The Association shall have a common seal consisting of a design to be determined by vote of the Board of Directors. The seal shall contain the name of the organization in a semi-circular fashion and the year of formal organization, 2006, surrounding or overwritten on an acceptable symbol embodying the purpose of the organization.

**ARTICLE III
PURPOSE**

Section 1 - Purpose

The purpose of NCE is to establish facilities and provide a forum for the exchange of ideas, opinions, technical know how and experiences among NCE's members as well as other national and international organizations and to engage in any other lawful purpose.

ARTICLE IV
MEMBERSHIP

Section 1 - Qualifications

NCE is a private, fraternal organization which neither seeks nor accepts public or corporate funding in any form. Membership is reserved for those individuals that embody the purposes and ideals of the NCE as defined by the Board of Directors. NCE, through its Board of Directors, shall not deny membership to any protected class of people set forth in Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1866, the Civil Rights Act of 1991, including, but not limited to, on the basis of race, religion, national origin, sexual orientation and/or gender or for any protected class of people as identified by the New York State Human Rights Laws or the Human Rights Laws of any other jurisdiction which NCE does business in.

Section 2 - Classification of Members

Membership into this organization shall be classified as follows:

1. Charter Members - These shall include the names of founding members: Hon. George F. Sabatella, Hon. Robert DiCarlo, Christopher G. Sabatella, Matthew D. Saronson, Andrea Ceretti and Michael DiFilippo.

2. Active Members - These shall include individuals operating sole proprietorships and other like situated individuals duly enrolled and in good standing, having been approved for full membership by the Board of Directors or their duly authorized delegated Membership Committee.

3. Associate Members - These shall include individuals that are members of the Association, but do not enjoy voting rights, cannot hold the position of committee chairman, nor have access to the other emollients of Full Membership.

4. Supporting Members - These shall include individuals who are conferred membership as such by the Board of Directors with rights as specified thereupon.

Section 3 - Rights and Privileges

1. Charter Member - They shall be entitled to all the privileges and services offered by the association and shall serve as permanent members of the Board of Directors.

2. Active Member - They shall be entitled to all the privileges and services offered by the Association. Each member may vote and be voted upon for office in the Association.

3. Associate Member - They shall include individuals that are members of the

Association, but do not enjoy voting rights, cannot head committee chairmanships nor have access to the other emollients of full membership.

4. Other Privileges - Other membership privileges include participation in various activities, programs and publications of the Association as may be designated from time to time by the Board of Directors.

Section 4 - Fees and Dues

1. The Board of Directors may at any meeting of the Board adjust the membership dues applicable to the classes of members enumerated in these By-Laws without amending the By-Laws. Provided, however, that any dues increase which exceeds the cumulative increase of the Composite Consumer Price Index since the last dues increase must be confirmed by a supermajority of the Board of Directors. A supermajority shall be defined as 75% or more of the then sitting Board of Directors. Dues shall be payable in advance of the month due.

2. The Board of Directors shall determine the charges for all other fees associated with the meetings, publications, or other services provided by the Association.

3. Monthly membership dues will include fees for general membership meetings and publications.

Section 5 - Admission and Effectiveness of Membership

1. Applications for membership shall be made in writing. Applications shall be processed by the membership committee. The applicant will be advised of action taken on their application.

2. Effectiveness of membership shall start from the payment of entrance fees and membership dues of the applicant and after submission of other requirements that may be imposed by the membership committee and/or Board of Directors.

3. Fees shall be paid within thirty (30) days after official approval of application for membership.

Section 6 - Members in Good Standing

In order to be a member in good standing, a member shall have paid all dues and assessments within thirty (30) days after the same shall have become due and payable.

Section 7 - Liability of Members

Members who have not fully paid their annual dues and other obligations to the

Association shall be liable for any indebtedness of the Association to the extent of their unpaid accounts.

Section 8 - Termination of Membership

Any member may be separated from membership for any of the following causes:

1. Any member who shall have defaulted in the payment of dues and assessments for two (2) successive months shall be automatically suspended after dues notices had been given and will forfeit all rights and privileges in the Association; provided, however, that any member so suspended may be reinstated to full standing upon payment of all dues in arrears and upon the approval of the majority of the Board of Directors.

2. Any other cause or causes detrimental to the Association upon which, after due notice, investigation and hearing, the Board of Directors votes in favor of termination.

ARTICLE V **MEETINGS**

Section 1 - Annual Meetings

The annual general membership meeting, for the purpose of election of the Board of Directors, shall be held on the third Friday of December of each year at the principal office of the Association or at any place in the State of New York or District of Columbia to be decided on by the Board of Directors.

The order of business shall be as follows:

- Reading of the Minutes and of the last Annual General Membership Meeting and approval thereof;
- Report of the Treasurer;
- Report of the President;
- General Annual Elections of the Board of Directors;
- Unfinished business;
- New and other business;
- Report of the election committee and announcement of the results of the election.

Section 2 - Special Meeting

Special meetings of the Association may be called anytime by the Executive Director or by a majority of the Board of Directors whenever either shall deem it necessary.

Section 3 - Notice of Meetings

The notice of the annual meetings or special meetings must be provided to all members in writing at least one (1) week before the meeting, either by letter, fax or electronic mail.

Section 4 - Quorum

A simple majority (50% + 1) of the Active members in good standing, including proxies, shall constitute a quorum for the election of the Directors or for the transaction of any other business except in those cases where the By-Laws require the affirmative vote of a greater proportion.

The final list of candidates, arranged alphabetically, will be circulated to all voting members not later than fifteen (15) days before the election. The list shall not indicate the number of nominations received by each candidate.

In the event that the number of candidates equal or would be less than the number of elective positions, the nomination shall be declared re-opened by the Election Committee on the floor during election day.

Section 5 - Voting of Members

Founding and Active Members in good standing (Voting Members) may vote at all meetings. Each Voting Member is entitled to one vote that may be cast either in person or with approval of the Board of Directors via telephonic participation. In voting for members of the Board of Directors, each Voting Member shall vote a maximum of nine (9) different candidates. If any voting member cannot attend the election, he may submit a written proxy to the committee on election before the election, which shall be used for quorum purposes only.

Section 6 - Certification

Prior to the elections, the Committee on Elections shall certify that the candidates are qualified and have been nominated in accordance with the Constitution and By-Laws of the NCE.

Section 7 - Election of Directors

The election of Directors shall be by secret ballot. Action on all other matters shall be by “aye” or “nay” vote or by other means as the majority present may decide.

Section 8 - Manner in Deciding Tie

Should there be a tie in the election for a Director, the same shall be decided by a flip of a coin by the candidates with an equal number of votes.

Section 9 - Campaign

Any candidate for election may campaign for his candidacy by sending personalized letters bearing only the name and address of the sender and not the official letterhead of the Association. Any other form of campaigning is disallowed and considered a violation of election rules. However, on the election floor, candidates may distribute personal business cards.

Section 10 - Violation of Rules

Any willful violation of election rules by any member of the Association shall disqualify them from running for office and/or voting during the election and will subject them to disciplinary action.

ARTICLE VII **BOARD OF DIRECTORS**

Section 1 - Number and Term of Office

The management of the affairs of the Association shall be vested in the Board of Directors consisting of no fewer than four (4) and no greater than nine (9) members who shall be elected bi-annually by the voting members of the Association.

Section 2 - Quorum

The Directors shall act only as a Board. No individual Director shall have the power to act on behalf of the Board. An attendance of a quorum of Directors is necessary at all meetings for the transaction of any business and every decision of majority of those present shall be valid as an Association act. A Quorum shall consist of a simple majority of Directors (50% + 1).

Section 3 - Regular Meetings

The Board of Directors shall hold regular meetings every second Wednesday of the month at the office of the Association or at any date and place to be designated by the Board.

Section 4 - Special Meetings

Special meetings of the Board of Directors may be called by the Executive Director or at the written request of the majority of the Directors. Notice of special meetings shall be given at least one (1) week before the date of the meeting. Notice of such meetings shall be deemed waived if all members of the Board are present.

Section 5 - Powers

The Board of Directors shall exercise the following powers and such other powers as may be provided for by the laws of the State of New York:

1. To promulgate such rules and regulations not inconsistent with these By-Laws;
2. to manage the affairs of the Association within the context of the By-Laws and Articles of Incorporation;
3. To purchase or acquire or sell or dispose of assets for the Association on such terms and conditions as it shall be deemed proper;
4. To employ and fix the compensation of the administrative officer, employees and other officers of the Association;
5. To act on all matters as may be designated by the Association as a whole;
6. To alter, merge or subdivide the Association as the Board sees fit and to best serve the interests of the membership;
7. To perform any and all tasks necessary to further the interests of the Association, limited only by these By-Laws and the laws of the State of New York;
8. To enter into partnership agreements or strategic alliances with like intended Associations or groups;
9. Approves an annual budget and financial audit;
10. Approves the time and place for the annual meetings of the members and the Board of Directors and all business meetings of the Board.
11. Hire and dismiss staff as it deems necessary;
12. Approves all committees and organizational appointments;
13. Fills vacancies on the Board of Directors;
14. Serves as the primary strategic planning unit for the Association;
15. Establishes organizational policies and develops strategies and allocates resources to implement same; and

16. Allow telephonic meetings with a speaker system in place that allows all callers on the call to be heard and to be able to speak to all others present on the telephone call.

Section 6 - Resignation

Any Director or officer may resign his office in writing. Such resignation should take effect upon approval and clearance by the Board.

Section 7 - Vacancy

In the event of any vacancy in the Board of Directors by reason of resignation, termination, death, inability to discharge responsibilities, or for any other reason acceptable to the Board, said vacancy shall, with the approval of the remaining Board of Directors be filled by the surviving spouse of the Director, for the remainder of that Director's term of office. Subsequent vacancies shall likewise be filled in the same manner.

If the vacancy is in the ranks of principal officers of the Board, it shall be filled by election from among the members of the Board during the next regular or special meeting held for the propose.

ARTICLE VIII **OFFICERS**

Section 1 - Principal Officers

Within the next fifteen (15) days after the election, as provided for in Article V, Section 1, the members of the Board of Directors shall elect from among themselves the Executive Director, President, Secretary and Treasurer.

Section 2 - Subordinate Officers

The Board, in its discretion, may create those new, subordinate offices they deem necessary. The subordinate officers shall be members of the Association, shall be appointed by the Board of Directors. The subordinate officers may be employed by the Board of Directors who shall determine the compensation of all subordinate officers.

Section 3 - Compensation of Officers

The President, Executive Director, Secretary, Treasurer and members of the Board of Directors shall receive no compensation. Salaries and compensation of other officers shall be fixed by the Board of Directors, provided that no member of the Association shall be appointed or elected to any position carrying with it compensation.

ARTICLE IX
DUTIES OF OFFICERS

Section 1 - Powers and Duties of the Executive Director

The Executive Director shall be the Chief Executive Officer of the Association and, as such, shall exercise all the powers and discharge all such duties regularly or continually inherent in his office under the law, and such others as may be required by resolutions of the Board of Directors and of the Association.

Section 2 - Powers and Duties of the President

The President shall act as Deputy Executive officer and shall exercise and discharge all the powers and the duties of the President in case of the disability or absence of a Deputy Executive Officer. The President shall have direction of the following standing committees:

1. Membership Committee
2. Political Action Committee
3. Member Benefit Committee
4. Education Committee
5. Legal Committee
6. Charitable Works Committee
7. Other committees and functions as may be assigned to him.

Each committee shall be headed by a Chairperson.

Section 3 - Powers and Duties of the Secretary

The Secretary, who must be a member of the NCE, shall be the custodian of all corporate records and other minutes of all meetings of the Association and of the Board of Directors. He shall issue notices of meetings and prepare the Order of Business thereof. He shall keep in safe custody the seal of the Association and when authorized by the Board of Directors, shall affix such seal to any instrument requiring the same. The seal so affixed shall be attested by him. He shall perform such other duties as may be delegated to him by the Executive Director or the Board of Directors or as may be required of him.

Section 4 - Powers and Duties of Treasurer

The Treasurer shall be the finance officer of the Association and as such shall be the custodian of all funds and properties of the Association. He shall have charge of all the books of accounts of the Association. He shall be responsible for the collection of all the fees and dues from members. He shall make an annual financial report to the Association and such other reports as the Board of Directors may require.

ARTICLE X
COMMITTEES

Section 1 - Standing Committees

There shall be three major standing committees governed by a fourth, governed by the Executive Committee, namely:

1. Membership Committee
2. Political Action Committee
3. Member Benefit Committee

All standing committees shall submit their master program for the fiscal year to the Board not later than the second regular Board meeting.

Section 2 - Executive Committee

It shall be composed of the Executive Director, the President, the Secretary, the Treasurer and the Chairman of each of the three standing committees.

The committee shall be responsible for the preparation of the annual budget for submission to the Board of Directors not later than the second regular meeting of the Board. It shall also formulate policies and procedures in furtherance of the objectives of the Association for submission to the Board, and direct the governance and running of the standing committees. It shall also perform such other duties as may be delegated by the Board of Directors.

ARTICLE XI
GENERAL PROVISIONS

Section 1 - Fiscal Year

The fiscal year shall begin on January 1 and end on December 31 of the same year.

Section 2 - Budget

The Board of Directors shall approve the annual budget of the Association within fifteen (15) days after receipt of the recommended budget from the Executive Committee. The approved budget shall be the appropriate measure of the Association. No expenditures in excess of the budget shall be authorized without the prior approval of the Board of Directors.

Section 3 - Signatories

All disbursements of funds of the Association shall be made by checks. Checks shall be signed by the Executive Director and countersigned by the President. The Board of Directors may authorize any officer or officers to sign in place of the duly authorized signatories.

ARTICLE XII
AMENDMENTS

Section 1 - Amendments

A two-thirds majority of the members of the Board of Directors may amend or repeal these By-Laws or adopt new By-Laws.

ARTICLE XIII
TRANSITORY PROVISIONS

Section 1 - Regular Members

All Charter, Active Associate and supporting members of the Association in good standing as of the approval of these amended By-Laws are ipso facto members of the Association, together with any other members approved by the Board.

ARTICLE XIV
ASSOCIATION RELATIONSHIPS

Section 1 - Affiliation With Other Professional Organizations

All members shall be encouraged to maintain active membership in local, national and international organizations. The Association may seek affiliation with like intended organizations as determined by the Board of Directors.

ARTICLE XV
LIQUIDATION

Section 1 - Dissolution

In the event of the liquidation and dissolution of the NCE, any properties, funds or monies, securities or other assets remaining in the treasury of, or to the account of, or otherwise belonging to, the NCE shall be disposed of as follows:

1. All liabilities and obligations of the NCE shall be paid and discharged, or adequate provision shall be made therefor.

2. Assets held by the NCE subject to legally valid requirements for their return, transfer or conveyance, upon dissolution and liquidation, shall be returned, transferred or conveyed in accordance with such requirements.

3. All remaining assets held by the NCE shall be transferred or conveyed, without obligation, to another association or foundation selected by the Board of Directors in office at the point dissolution as decided upon.

**NOTICE TO APPLICANT
REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE**

According to your application, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy/certificate to be issued by Standard Life and Accident Insurance Company. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy/certificate.

1. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy/certificate. This could result in denial or delay of a claim for benefits under the new policy/certificate, whereas a similar claim might have been payable under the present policy/certificate.
2. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy/certificate. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
3. If, after due consideration, you still wish to terminate your present policy/certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. **Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy/certificate had never been in force.** After the application has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

Date

Applicant's Signature

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

BEFORE YOU BUY THIS INSURANCE

- Check the coverage in all health insurance policies you already have.
- For more information about long-term care insurance, review the *Shopper's Guide to Long-Term Care Insurance*, available from the insurance company.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state senior insurance program.

**IMPORTANT INFORMATION FOR
ARKANSAS POLICYOWNERS**

If you have questions about your policy or a claim you have filed, please contact your insurance company or your agent:

Standard Life and Accident Insurance Company
C/O Customer Service Department
P.O. Box 696820
San Antonio, Texas 78269

Telephone: 1-888-350-1488
1-409-763-4661

Agent _____

Address _____

Telephone _____

If you are unable to resolve a problem with your insurance company or your agent, you may contact the Arkansas Department of Insurance:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1804

Telephone: 1-800-852-5494
1-501-371-2640

E-Mail: Insurance@mail.state.ar.us

Web Site: www.state.ar.us/insurance

CCN-AR3

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;

Any policy of reinsurance (unless an assumption certificate was issued);

Interest rate yields that exceed an average rate;

Dividends and voting rights and experience rating credits;

Credits given in connection with the administration of a policy by a group contract holder; Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);

Unallocated annuity contracts (which give rights to group contractholders, not individuals);

Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);

Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);

Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;

Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;

- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Standard Life and Accident Insurance Company

STATEMENT OF VARIABILITY

POLICY FORM SL-EXCHBP
CERTIFICATE FORM SL-EXCHBC
OPTIONAL RIDER SL-EXCAMER
OPTIONAL RIDER SL-EXHCIR
OPTIONAL RIDER SL-EXCHADR

The variable material shown in the documents reflect the benefit levels selected and insured specific information. The variable language or amounts on final printed forms will be no more restrictive than that which is included in the enclosed forms or that by law.

POLICY FORM SL-EXCHBP

Page 1:

No variables

Page 2:

The page numbers will be revised to reflect the appropriate page number

Page 3 & 4 – Schedule Page:

The policyholder, policy number and policy effective date will be unique to the policyholder.

The Hospital Benefit may or may not be included and consists of 3 benefits that may be included or excluded as a base benefit:

1. The Hospital Admission Benefit may be included or excluded as a base benefit – amounts are listed.
2. The Hospital Confinement Benefit may be included or excluded as a base benefit – amounts are listed
3. The Intensive Care Unit Benefit may be included or excluded as a base benefit – amounts listed.

The Continuous Care Benefit may or may not be included as a base benefit – amounts are listed.

The Surgical and Anesthesia Benefit may or may not be included as a base benefit – amounts are listed.

The Outpatient Physician's Office Visit Benefit may or may not be included as a base benefit – amounts are listed.

The Outpatient Diagnostic, X-Ray and Lab Procedures Benefit may or may not be included as a base benefit – amounts are listed.

The Wellness and Preventive Care Benefit may or may not be included as a base benefit – amounts are listed.

The Accidental Death and Dismemberment Benefit Rider is optional and will be included if chosen by the insured – amounts are listed.

The Critical Illness Benefit Rider is optional and will be included if chosen by the insured – amounts are listed.

The Accident Medical Expense Rider is optional and will be included if chosen by the insured – amounts are listed.

Page 5, 6, 7 and 8:

The Ambulatory Surgical Center definition stated will be included when the Surgical and Anesthesia Benefits base benefit is included.

The Elimination Period definition stated will be included when the Hospital Benefit is included and the policyholder elects to have an elimination period.

The Home Health Care, Home Health Care Agency and Hospice definitions stated will be included when the Continuous Care Benefit is included.

The Intensive Care Unit definition stated will be included when the Hospital Benefit, ICU benefit is included.

The Rehabilitation Facility, Rehabilitation Unit, Skilled Nursing Facility definitions stated will be included when the Continuous Care Benefit is included.

The Resource Based Relative Value System definition stated will be included when the Surgical Benefit is included.

Page 9, 10, 11:

No variables

Page 12, 13, 14:

The Hospital Benefit may or may not be included and consists of 3 benefits that may be included or excluded as a base benefit:

1. The Hospital Admission Benefit may be included or excluded as a base benefit.
2. The Hospital Confinement Benefit may be included or excluded as a base benefit. The variable paragraph "No benefits are payable during the...." may or may not be included, dependent on whether the policyholder chooses an elimination period for the base hospital benefit.
3. The Intensive Care Unit Benefit may be included or excluded as a base benefit.

The Continuous Care Benefit may or may not be included as a base benefit.

The Surgical and Anesthesia Benefit may or may not be included as a base benefit.

The Outpatient Physician's Office Visit Benefit may or may not be included as a base benefit.

The Outpatient Diagnostic, X-Ray and Lab Procedures Benefit may or may not be included as a base benefit .

The Wellness and Preventive Care Benefit may or may not be included as a base benefit.

Page 15, 16:

No Variables

Page 17:

No Unexplained Variables

Page 18, 19, 20:

No Variables

CERTIFICATE FORM SL-EXCHBC

Page 1:

No variables

Page 2:

The page numbers will be revised to reflect the appropriate page number

Page 3 & 4 – Schedule Page:

The policyholder, insured, certificate number, covered person, effective dates, age will be unique to each insured.

The Hospital Benefit may or may not be included and consists of 3 benefits that may be included or excluded as a base benefit:

4. The Hospital Admission Benefit may be included or excluded as a base benefit – amounts are listed.
5. The Hospital Confinement Benefit may be included or excluded as a base benefit – amounts are listed
6. The Intensive Care Unit Benefit may be included or excluded as a base benefit – amounts listed.

The Continuous Care Benefit may or may not be included as a base benefit – amounts are listed.

The Surgical and Anesthesia Benefit may or may not be included as a base benefit – amounts are listed.

The Outpatient Physician's Office Visit Benefit may or may not be included as a base benefit – amounts are listed.

The Outpatient Diagnostic, X-Ray and Lab Procedures Benefit may or may not be included as a base benefit – amounts are listed.

The Wellness and Preventive Care Benefit may or may not be included as a base benefit – amounts are listed.

The Accidental Death and Dismemberment Benefit Rider is optional and will be included if chosen by the insured – amounts are listed.

The Critical Illness Benefit Rider is optional and will be included if chosen by the insured – amounts are listed.

The Accident Medical Expense Rider is optional and will be included if chosen by the insured – amounts are listed.

Page 5, 6, 7 and 8:

The Ambulatory Surgical Center definition stated will be included when the Surgical and Anesthesia Benefits base benefit is included.

The Elimination Period definition stated will be included when the Hospital Benefit is included and the policyholder elects to have an elimination period.

The Home Health Care, Home Health Care Agency and Hospice definitions stated will be included when the Continuous Care Benefit is included.

The Intensive Care Unit definition stated will be included when the Hospital Benefit, ICU benefit is included.

The Rehabilitation Facility, Rehabilitation Unit, Skilled Nursing Facility definitions stated will be included when the Continuous Care Benefit is included.

The Resource Based Relative Value System definition stated will be included when the Surgical Benefit is included.

Page 9, 10:

No variables

Page 11, 12, 13:

The Hospital Benefit may or may not be included and consists of 3 benefits that may be included or excluded as a base benefit:

4. The Hospital Admission Benefit may be included or excluded as a base benefit.
5. The Hospital Confinement Benefit may be included or excluded as a base benefit. The variable paragraph "No benefits are payable during the...." may or may not be included, dependent on whether the policyholder chooses an elimination period for the base hospital benefit.
6. The Intensive Care Unit Benefit may be included or excluded as a base benefit.

The Continuous Care Benefit may or may not be included as a base benefit.

The Surgical and Anesthesia Benefit may or may not be included as a base benefit.

The Outpatient Physician's Office Visit Benefit may or may not be included as a base benefit.

The Outpatient Diagnostic, X-Ray and Lab Procedures Benefit may or may not be included as a base benefit .

The Wellness and Preventive Care Benefit may or may not be included as a base benefit.

Page 14, 15:

No Variables

Page 16:

No Unexplained Variables

Page 17, 18, 19:

No Variables

RIDER FORM SL-EXCHADR

This rider will be included when chosen by an insured. No unexplained variables.

RIDER FORM SL-EXHCIR

This rider will be included when chosen by an insured. No variables.

RIDER FORM SL-EXCAMER

This rider will be included when chosen by an insured. No variables.